

CAPE OF GOOD HOPE.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH FOR THE COLONY

ON THE

PUBLIC HEALTH

FOR THE CALENDAR YEAR 1907.

Presented to both Houses of Parliament by Command of His Excellency the Governor
1908.

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ERRATUM.

In Table 1, Annexure "C," page 83, under heading "All Districts," read 43·20 instead of 41·85 as the "Average stay in Hospital on each admission (in days)."

CAPE OF GOOD HOPE.

Report on the Public Health of the Colony for the Calendar Year 1907, together with Reports of District Surgeons and Local Authorities for the same period.

Presented to both Houses of Parliament by Command of His Excellency the Governor.
1908.

Report of the Medical Officer of Health for the Colony.

To the Honourable
The Colonial Secretary.

Department of Public Health,
Cape Town, 14th May, 1908.

SIR,—I have the honour to present the Annual Report on the Public Health of the Colony for the year ended on the 31st December, 1907. I regret that I am unable to lay before you any reliable rates of mortality, and without the data to be obtained from these it is impossible to give a trustworthy account of the Public Health. Although we have detailed records of the Deaths and their causes occurring in the chief towns of the Colony, they are of little practical use, as we are without knowledge of the numbers of the populations which have yielded them. The last Census enumeration was in 1904 and under ordinary conditions we might, with some approximation to the truth, have calculated the probable numbers of the population in the succeeding years, on the assumption, which is the usually accepted working hypothesis, that the rate of increase that had taken place between the last and the preceding Censuses had continued to be maintained in the years succeeding the last Census; but owing to the profound and increasing depression since the 1904 Census, emigration from the towns has been steadily taking place, especially among Europeans, and therefore such a method of calculation would now give wholly misleading results.

Therefore, in the returns giving the numbers and causes of deaths for Europeans and Native and Coloured races recorded during the year 1906* in the Sixty chief towns of the Colony, which will be found on pages 98–137 of the Annexures to this Report, I have not thought it advisable to record any calculated rates of mortality as was done in previous years. It might be asked why, under these circumstances, I have given any returns at all. But it is essential that the actual Deaths be recorded, as with the information to be obtained in succeeding years it may be possible to bridge the gulf now existing. Moreover, the figures will, in many cases, be of present statistical value to those having special local knowledge of the population to which they apply.

THE REDUCTION OF URBAN POPULATIONS BY EMIGRATION.

Normally, if neither immigration nor emigration be taking place, or if the two balance one another, a community should steadily increase its population, year by year, by natural increment, that is, by the excess of Births over Deaths, which, although varying from a number of causes in different towns and for different races, may be taken in the Colonial towns, to give an increase, on an average, for Europeans, of about 15 persons per thousand of the population annually, and for Coloured persons (according to the number of births recorded) about 5 per thousand. It may be here mentioned that, although the Birth rate among the Coloured races is much greater than among Europeans, this difference is more than counterbalanced by the enormous mortality which they suffer in urban areas. With a stationary death rate, an increase of the population would result in a proportionately larger number of deaths in that community; therefore, if we consider the deaths registered in the Sixty chief towns of the Colony since the Census of 1904, we shall possess some sort of an index of the decrease in their population which has during this period taken place. These figures for each of the years 1904–07 are as follows:—

Total number of Deaths recorded in the Sixty chief towns.

			European.	Coloured.	All Races.
1904	...	...	3,654	8,876	12,530
1905	...	...	3,384	8,766	12,150
1906	...	...	3,214	8,716	11,930
1907	...	...	2,926	7,758	10,684

* For reasons fully explained in previous Reports, it is not possible to give for the year of the Annual Report on the Public Health the records of the Births and Deaths for that year, as these are not available at the time the drafting of the Annexures to this Report is required to be undertaken.

Therefore the year 1907 shows, as compared with 1904, a decrease of 14·7 per cent. in the total number of deaths of all races, or of 19·9 per cent. of the total number of European deaths and 12·6 of Coloured. Unless then we are prepared to say that the rate of mortality has been steadily and very materially diminishing in these towns, the fall in the number of deaths can only be accounted for by the populations, and especially the European portion thereof, having become greatly reduced by emigration.

The extent to which this has occurred and the magnitude of the error which would result from working on an incorrect population based on the last Census, can best be illustrated by taking a few cases. Thus, in Cape Town, in 1904, there were 515 deaths of Europeans registered, which, on the Census population in that year of 44,203 Europeans, gave a rate of mortality per thousand of 11·65; whereas in 1907 there were only 426 European deaths recorded, and if we estimate the population of that year by calculation in the usual manner it should have numbered 50,235, which, with that number of deaths, would give an annual rate of mortality per thousand of only 8·48, or a difference of 3·17 per thousand. On the other hand, if we assume—as was probably the case—that the death rate during 1907 was about what it was during 1904, then it is evident that the population in 1907, instead of being 50,235, as calculated, or even 44,203 as enumerated in 1904, was only 36,564 and there has been an exodus of nearly 8,000 Europeans in the three and a half years.

Also, in the case of the Suburban Municipalities, Woodstock, Maitland, Mowbray, Rondebosch, Claremont and Wynberg, only 509 deaths of Europeans were registered in 1907, as compared with 714 in 1904. If the rate of mortality was the same in this year as in 1904 the European population must, in 1907, have been 37,220, as compared with 52,210 in 1904, or a probable decrease in the interval of about 15,000.

The same facts are displayed in the case of Port Elizabeth. There were, in 1904, 296 European deaths recorded from a European population of 21,987, giving a death rate of 13·46 per thousand. In 1907, there were only 239 recorded, which on the estimated population for 1907, of 24,692, would have given a death rate of 9·68. But assuming that the Death rate was stationary during these years, then the population in 1907 could only have been 17,753, or a reduction of over 4,000 Europeans.

In East London, again, the European population has decreased only by about a thousand, or possibly has remained practically stationary, the deaths having fallen in the period from 178 to 164.

That in these instances we are justified in believing that the reduction in the number of deaths is not due to a reduced rate of mortality is evident from the fact that the number of European births has also markedly declined in 1907 as compared with 1904. Thus, by 265 in Cape Town and in the six Suburban Municipalities above-mentioned by 296, and in East London by 46. In Port Elizabeth there was a small increase of 7 according to the figures published by the Registrar General of Statistics.

So also in very many other of the towns like results are obtained by comparison of the number of deaths registered in the years 1907 and 1904.

In the case of the Coloured and Native portion of the urban populations the decrease, as above indicated, has not been so great and in many of the towns there has been a considerable increase. Of course, with regard to Native and Coloured immigration and emigration into and out of urban areas there is this difference, that they generally remain in the Colony, simply shifting into other urban areas or into rural parts, whereas in the case of the Europeans, in the majority of instances, the emigration is not only out of the towns but out of the country.

THE NEED FOR MORE FREQUENT CENSUS ENUMERATIONS.

I should like here to urge the very great importance in a Colony such as this, liable to frequent fluctuations in the whole or portions of its population by immigration and emigration, of making more frequent Census enumerations. In older and more settled countries an enumeration once in ten years is sufficient to enable, in most cases, very reliable inter-censal populations to be calculated on the assumption that the rate of increment from year to year is practically uniform; but in this Colony no reliance can be placed on calculations over such long intervals as ten years. Yet, hitherto such enumerations have even been much less frequently made than this. Thus, there was a Census in 1875, one in 1891 and one in 1904. It is to be noted that the last Census was to have been held in 1901, synchronously with the Census enumerations taken throughout the Empire, but it had to be postponed throughout South Africa, owing to the war, until April, 1904. Properly, the next Census should be in 1911, and, if so, it will be necessary next year to take steps to legislate and otherwise prepare for it. It is to be hoped that it will be decided to take it in that year, rather than wait until 1914 for the completion of the decennium.

QUINQUENNIAL ENUMERATIONS IN URBAN AREAS.

Quite apart, however, from these complete decennial censuses, when stock,

agriculture, dwellings, religions, education, occupations, conjugal conditions and sickness and infirmities, and many other matters besides the mere counting of human units, are enumerated throughout the length and breadth of the land, I would plead for the making of intermediate quinquennial partial enumerations in the principal urban areas only. Such an enumeration would be of a very simple kind and would merely include information of race, sex, age and occupation, and could be made at a comparatively trifling cost; indeed, given the authority for doing it and with the assistance of the Local Authorities and the Police, I am prepared myself to carry it out and tabulate the results with practically no expenditure to speak of. On the other hand, the possession of such information would be of inestimable value, not only for Public Health purposes, but for administrative and other uses. But in order to carry it out it would be necessary for the Government to be given the power to legally call upon all householders to furnish the required information regarding race, sex, age and occupation of every inmate of the dwelling on a given day, or rather night, to be fixed by the Governor. Such powers could be given in a very small Act of about a couple of clauses.

I may explain that it is only in respect of urban areas that, for purposes of the Public Health, such enumerations are at present advisable, as it is only in these areas that the registration of births and deaths are of any statistical use. In the rural areas, the registration is so defective as to be valueless. Moreover, it is not only defective but the causes of death recorded are in most cases purely hypothetical, as they are rarely certified to by a medical man, but are based on the description of the symptoms given by an ignorant informant to a lay official. Proofs of the unreliability of rural registration often arise in connection with other matters of administration, and from these I think I am correct in stating that in some districts not one-third of either the births or the deaths are being registered in the rural areas. But as to births, even in the towns the Coloured births are in many cases most imperfectly recorded, so much so indeed that no reliance can be placed upon any statistical deductions based on them.

In urban areas deaths have to be registered immediately and before the body can be buried, but births may be registered at any time within forty-two days, and this means that in a large number of cases no registration takes place at all.

THE YEAR'S ADMINISTRATION.

FUNCTIONS OF THE CENTRAL AUTHORITY.

During the year 1907, from the administrative standpoint, Public Health work has undergone steady progress towards betterment, both as regards the activities of the Department and the work of Local Authorities generally.

Towards the close of the year 1906, the Office of the Medical Officer of Health for the Colony was constituted a Sub-Department of Public Health in the Ministerial Division of the Colonial Secretary, and was granted a considerable measure of autonomy. This change did not, however, come into full operation until the beginning of the year now under report, it only being Gazetted by Government Notice No. 53 of the 16th January, 1907. Owing largely to the generous spirit in which the new departure was interpreted by the Permanent Head of the Division, I am able to report that it has worked most beneficially, and, by removing many of the irksome and hampering restrictions formerly existing, it has enabled the work to be carried on under conditions making for greater efficiency, economy and expedition. It has also enabled the Medical Officer of Health and his technical assistants to come into more direct and intimate association with local bodies and has thus led to the establishment of those cordial official relationships essential if advice is to be given and when given is to be acted upon. In other words, it has made for co-operation between the central and the local authority, instead of continuing disjointed action and, in some cases, friction. In this connection, the fact must not be lost sight of that, although it is in matters of Public Health that the Government is entrusted with the widest of its powers in the controlling of local authorities, these powers are nevertheless but slight in themselves, and any real control must be, and as a fact is, best exercised in a guiding rather than in a mandatory capacity. Also, with but few exceptions, the central authority has no executive functions. In Public Health, as in other matters, the Local Authority is the executive body within its district, and not the Government, and it is only by a clear recognition of these respective positions that good relations can be maintained and good work effected.

But apart from the mere offering of advice, one of the most important functions of the central authority is to co-ordinate and harmonise in the interests of the Colony as a whole the work of individual Local Authorities. For, on the one hand, it is necessary for Local Authorities in some matters to act on a common basis laid down by the Government, while on the other hand the effects of the neglect of local public health and sanitation by a local body are rarely confined

to the area under the control of that body. Infectious disease unchecked spreads widely to other areas; the pollution of flowing water in one district endangers the health of many districts lower down; the absence of supervision over dairies and slaughterhouses affects the wholesomeness of the food supplies of adjoining districts; and, indeed, the general injury resulting to a district owing to the existence of insanitary areas adjoining its borders is frequently so acute that such local authorities petition the Government against them or pray for an extension of their boundaries so as to take over the areas themselves.

It is, however, in the right to veto that the power of the central authority chiefly lies, and in its judicious use the Government can, if it has the opportunity to do so, often most effectively influence the affairs of local bodies, and check extravagance, and the embarking upon ill-considered schemes of public works.

The power of veto is mainly in the following directions:—

- (a) by prohibiting or limiting the raising of loans under the provisions of the Municipal or other Acts under which the Local Authority is constituted, and in the case where a Local Authority applies to the Government for a Government Loan under the Local Works Loans Acts;
- (b) by withholding sanction under the provisions of Section 18 of "The Public Health Amendment Act, 1897," to the carrying out of any scheme of water supply, or of sewerage or drainage, or for the removal or disposal of nightsoil and refuse;
- (c) by withholding contributions under Section 38 of the same Act, out of the Public Treasury towards expenditure incurred by Local Authorities without previous Government authority, in dealing with outbreaks of certain of the infectious diseases;
- (d) by not sanctioning the making of roads at the expense of the adjoining property owners, and
- (e) by the approval or disapproval of local bye-laws.

By far the most important of these powers are the two firstmentioned, but in the past, in very many cases, either the Local Authority has acted without seeking the approval required by law or, when sought, the Government has neglected the duty laid upon it. In either case, as a consequence, wasteful expenditure has been incurred by Local Authorities on wholly unnecessary or unsuitable objects.

WASTEFUL EXPENDITURE BY LOCAL AUTHORITIES.

The extent to which many Municipalities have burdened themselves by unrestricted borrowing requires no exemplification by me, as such cases are common knowledge. But the instances in which large sums of borrowed money have been expended on unnecessary objects, or on schemes of an unsound character, do not so frequently become public. One of the objects on which such unnecessary expenditure is frequently incurred is that of the provision of a pretentious and unneeded Town Hall, and as an example of this I cannot do better than describe the present position of a Municipality which, with a total Municipal valuation of under £250,000, and with only about 200 dwellings, and a population, at the last Census, of only 2,342, of which less than half were Europeans, has recently erected a Town Hall which has cost it approximately £13,500; yet this Municipality is urgently in need of a proper scheme for the supply of pure drinking water, and the details of such a scheme, estimated to cost about £20,000, have been worked out and special legislative sanction obtained for it, but the undertaking is stopped owing to want of funds. In or about 1907 a grant of commonage land, chiefly agricultural lots, was made to the town by the Government, and the sale of these produced some £14,500, but instead of reserving this money for a water scheme, all but £1,000 of it was spent, as abovementioned, on the erection of a great Town Hall, twenty-five if not fifty years in advance of the requirements of the community, and which, I am informed, will cost a considerable sum annually for its upkeep.

But of even more importance to Local Authorities is the exercise by the Government of the powers furnished by Section 18 of the Public Health Amendment Act. In my last Annual Report I gave details of a number of cases in which, owing to such powers not having been exercised, faulty schemes and great waste of public money occurred, and I need not add anything to what I then stated, except to say that further examples of faulty schemes of water supply have come to my knowledge.

Local Authorities are, however, themselves beginning to recognise the value to them of the assistance which the Government is able, by means of its technical officers, to give in the examination of water and drainage schemes before they are undertaken, and several enquiries have been conducted during the year by the Department, jointly by a Medical Officer and an Engineer, which have been welcomed by the Local Authorities concerned, who have at once adopted the amendments that the enquiry has

shown to be necessary. These enquiries carried out on the spot by competent Government experts are what are required, and there is no doubt that the system will develop and be extended.

INSPECTIONS MADE DURING 1907.

During the year 160 inspections were made by the technical officers of the Department, occupying in the aggregate 321 days in their performance. They included, among others, the following :—

- (1) The systematic and detailed inspection of, and reporting on the entire district and the sanitary work of the following Local Authorities :—the Municipalities of Sutherland, Laingsburg, Ladismith, Adelaide, Humansdorp, Oudtshoorn, George, Riversdale, Swellendam, Stutterheim, Seymour, Sterkstroom, Tarkastad, Dordrecht, Indwe, Vryburg, Mafeking, Beaconsfield, Kimberley, Victoria West and East London; the Village Management Boards of Van Wyksdorp, Korsten, Calitzdorp, Dysseldorp and Pacaltzorp, and the area known as Still Bay.
- (2) The systematic inspection of, and reporting on the administration of the following Hospitals :—The Rondebosch and Mowbray Cottage Hospital, the Frere Hospital, East London, the Carnarvon Hospital, Kimberley, the Victoria Cottage Hospital, Mafeking, the Royal South Western Hospital, Oudtshoorn, the Provincial Hospital, Port Elizabeth, the Frontier Hospital, Queenstown, the Uitenhage Cottage Hospital, the Vryburg Hospital and the Casualty Ward, Cape Town.
- (3) Special enquiries into proposed sanitary schemes for the undertaking of which the Minister's sanction had been sought by the Local Authority, these included the enquiries into the Wynberg Sewerage and Drainage area; Muizenberg Drainage and Electric Lighting scheme; Adelaide Water Supply Improvement Scheme; Tarkastad Water Supply scheme and the Sea Point Refuse Disposal scheme.
- (4) The investigation into, and dealing with outbreaks of Plague and Enteric and other infectious diseases. In connection with this, it may be mentioned that the entire management and control of a serious outbreak of Plague in the town and district of King William's Town was carried out by one of the medical officers of the Department who was specially detached for the work.
- (5) Many local inspections and enquiries into the carrying on of sections of work under the administration of the Department, such as the dealing with Syphilis in certain districts (Vryburg, Mafeking, Taungs, Kimberley, etc.) and the examination of many Lepers.
- (6) The inspection of, and reporting on the following Mission Stations :—Enon, Bethelsdorp, Kruisfontein, Clarkson, Amalienstein, Zoar, Dysseldorp, Pacaltzorp, Melkhoutfontein, Zuurbraak, Goschen, Emgwali, Wartburg, Brownlee and St. Mathews.

MISSION STATIONS.

The inspection of these Mission Stations forms portion of a complete investigation into the control and management of these communities from the Public Health point of view. At the present time a most unsatisfactory state of things exists in the case of the majority of them, which can only be dealt with by the introduction of new legislation. In most cases they are controlled by the Native or Coloured inhabitants, generally by means of a Board established under "The Villages Management Act, 1881," and the gravest neglect of public duty, and often serious abuses and mismanagement, is taking place under their administration. These communities have generally received huge communal Commonage grants from the Governor, and unauthorised squatting on this and its alienation have gone on to the creation of vested rights which cannot be ignored, yet are most difficult to deal with. On the other hand, where individual title to lots has been given to the original natives, these have been passed on and cut up without registration or record, so that inextricable confusion of ownership has arisen, and as in many cases water and grazing rights exist, partly communal and partly individual, the state of chaos can well be imagined. Nor is this all. In many cases, as in Dysseldorp, the European has come along and bought up the best agricultural lots, whereupon intense conflict has arisen between the European Erf holders and the original Native Board of control. I have so far only come across one single instance of a Village Board consisting of these elements proving a satisfactory form of administration.* It is essential that such Boards should be abolished and some form of Government control established, with an advisory committee appointed from among the inhabitants for bringing their views before the

* This is a board which is carried on under the personal guidance of one of the Government Inspectors of Locations.

controlling authority. In many instances where the Mission Station still exists as a Missionary Institution, the Board or other form of local management is in conflict with the Missionary Authorities, and the Missionary in charge finds himself powerless to alter conditions which he recognises to be inimical to the community itself as well as the country at large. I hope in my next Annual Report to deal with this matter in greater detail, when I shall have had all of these inspections completed.

In addition to the above, matters affecting the local sanitation of the districts of 99 Local Authorities were specially dealt with by correspondence, as a result of defective conditions brought to light in the Annual Health Reports of District Surgeons for the previous year. This action entailed a large amount of correspondence, but in most cases it resulted in important improvements being undertaken by the Local Authorities concerned.

As a rule, Local Authorities are, so far as their financial means admit, generally willing to make improvement when sanitary defects are pointed out to them and the measures necessary for their remedy are indicated. Occasionally, however, it does happen that a Local Authority objects to have its attention called to anything amiss in its administration, and absolutely declines to adopt available and reasonable measures for improvement, and in such cases the position of the Department is somewhat difficult, having on the one hand the knowledge that, in the interests of the Public Health, improvement is necessary, while on the other the means at its disposal to bring it about are but slight.

Such a condition of things occurred in the case of the Municipality of Sutherland. Repeated reports by the District Surgeon and Magistrate had for a number of years directed the attention of the Government to the unsatisfactory condition of this village, in which, moreover, an excessive prevalence of Diphtheria and Enteric Fever was occurring. The Government made strong representations to the Council regarding the defects, but nothing was done, although, owing to the personal energy and interest of the District Surgeon, the sanitation was improved for a time; later on, however, Enteric Fever again broke out, and still no assistance was rendered by the Town Council. As a last resource the Municipality was, in January, 1907, inspected by the Assistant Medical Officer of Health for the Colony, and his report fully bore out the disgraceful sanitary condition of the village. His report and recommendations were referred to the Council for their consideration, but in spite of many reminders from this office, nothing was done, so that in July, 1907, the condition of things was again strongly represented to the Government by the Resident Magistrate. He was a new incumbent and in this respect fully endorsed the reports of his predecessor in office. The Municipality possessed suitable sanitary regulations, but these were never enforced by them, so on the 25th November, 1907, we decided to take the law into our own hands, and as the best and most direct method of securing improvement seemed to be for the Government to itself take steps to enforce the Municipal regulations, we requested the Resident Magistrate to instruct the Police to make inspections and to prosecute offenders. Accordingly, the Chief Constable thereafter made regular and systematic inspections, causing the regulations to be conformed to and offenders to be summoned before the Magistrate's Court. The result proved most satisfactory and the Magistrate reports that a marked improvement has taken place in the general sanitation. The Chief Constable is thus largely in charge of the sanitation of the Municipality, practically acting as Sanitary Inspector, submitting reports to this Department through the Resident Magistrate. Although, however, it is better to achieve these results in this manner than not at all, it is most unsatisfactory for the Government to be compelled to take over and carry on such duties. The annual revenue of this Municipality is something over £600, but poverty is the plea for their doing nothing.

Incidentally it may be mentioned that money has been wasted by the Council, in an impracticable irrigation water supply scheme, carried out on the advice of some amateur hydraulic engineers, which has turned out an utter failure.

URBAN COMMUNITIES WITHOUT AN URBAN AUTHORITY.

It is, however, not only in these urban communities where the Local Authority fails to carry out its duties that difficulties arise, but in many closely populated areas having no form of urban authority, the difficulty of providing adequately for Public Health and sanitation is one which the Government has to meet. Well known examples of such cases are West London, the Krombooms Estate or Malay Town, and Retreat in the Cape Peninsula, areas which should have been included in the adjoining Municipalities long ago. But the Municipalities declined to admit them, and had not the Cape Divisional Council taken active measures, on what was very slender authority, the condition of things would have been very much worse than it is to-day. As it was, the Council had on several occasions to defend its position before the

Supreme Court, and, by obtaining judgments in its favour, has materially widened the recognised powers of Divisional Councils in regard to sanitary action under the Public Health Amendment Act, and has thereby been of great service to the Public Health Administration of extra-urban areas throughout the Colony.* Divisional Councils are now able to some extent to deal with urbanised areas in their districts, and wherever it is necessary we are now calling upon Councils to take suitable action.

As an example, the case of Still Bay may be mentioned. This is a seaside resort not far from Riversdale and much frequented during the summer months by visitors from the South-Western districts. Extraordinary overcrowding and insanitation takes place during these months, while at other times of the year the place is deserted. On one occasion a very severe outbreak of Enteric Fever occurred, owing, as was found on investigation by a Medical Officer of this Department, to the pollution of the shallow wells adjoining the houses from which the water supply was obtained, by the stools of a Typhoid convalescent visiting the place. Owing to the transitory nature of the entire population, it is impossible to create any form of local authority, and, therefore, the Divisional Council was advised to appoint a Committee from among its members, with the Civil Commissioner of the District as Chairman, and to empower it on its behalf to supervise and deal with the sanitation of this area, and, *inter alia*, to arrange for a better water supply. This arrangement has worked not unsatisfactorily, and, as a result, other Divisional Councils have been advised by the Government to deal with insanitary areas in their districts by a like means.

These are, however, only makeshift arrangements, and I cannot too strongly urge the necessity for the introduction of legislation for dealing with populous areas requiring a form of government midway between a rural and a municipal authority. The Villages Management Act and the provisions of Sections 13 and 14 of the Public Health Amendment Act are intended to meet such cases, but both these kinds of authority have proved defective.

REVISION OF SANITARY REGULATIONS.

During the year a large number of Sanitary Regulations were referred to the Department by the Local Government and Hospitals Branch for revision. In view of the fact that it was found difficult to satisfactorily deal with the sanitary regulations of local authorities at second hand by reporting through the Officer

* These judgments appear to be little known to Divisional Councils, especially the most important one given in the appeal case of *Rex v. Findlay*, and which, for the guidance of Councils, I will quote at length:—Mr. Justice Hopley, in giving judgment in this matter, said: In this case the facts are that the appellant is the agent for the absentee landlords of certain property at Diep River, in the Cape Division, situated beyond the boundaries of any Municipality or other urban authority. On the land in question there are twenty cottages inhabited by about 130 people. These cottages are let by the appellant for his principals, and he remits the rents to them. By his power of attorney he has the fullest powers of management over the said property, and no point is made in the present case of the fact that he has appointed as his substitute or sub-agent a gentleman in his office, it being admitted that he still has the power to interfere and remedy any evils upon the property in question. For none of these cottages have any closets or sanitary conveniences of any kind been provided, and all the inhabitants use the land surrounding their cottages, especially such parts thereof as are screened by trees or bushes, for their purposes, with the result that such land is extensively littered with human excreta. These excreta are chiefly on the western side of the property, and the slope of the land is such that any drainage from where these deposits are made would find its way into the Diep River whence the inhabitants of these cottages draw their water supply, and whence other people lower down no doubt also get water to drink. I am satisfied that such a state of things constitutes a danger to public health for the reasons stated in his evidence by Dr. Murray and that it is a nuisance at common law. I am also satisfied that it is a nuisance for which the appellant is responsible in that by not supplying any convenience to his tenants he has made it impossible for them to behave in any other way than the one they have adopted, and it must, therefore, be taken to be a nuisance arising or continuing through his default or sufferance. In these circumstances the Cape Divisional Council as the Local Authority concerned set proceedings in motion under Section 50 of Act 23, 1897, requiring appellant to abate the nuisance and to provide a proper closet for every cottage. The appellant having failed to take any steps the Divisional Council proceeded to complain against the appellant before the Resident Magistrate of Wynberg, who thereupon issued a summons in accordance with the procedure laid down in Section 51 of the said Act. The Magistrate found the charge proved, and imposed a nominal fine, and issued an order that proper closets should be provided. For the appellant it was argued that the action of the Divisional Council was *ultra vires*, that they were not the Local Authority intended to deal with such a matter, which should have been regulated by proper proceedings, as laid down by Section 13 of the Act: and that as there had been no proclamation making such acts, or such a state of things as were here complained of, illegal, the Council could not interfere. I am, however, of opinion that no proclamation was necessary to make such a mis-use of proprietary rights illegal wherever it was found to exist. A danger to the public health was thereby set up amounting to a nuisance at common law. As soon as such a nuisance is found to exist the Local Authority must stop it; and it seems to me quite clear on the proper construction of Section 35 of the Act and on the Authority of *Rex v. Fitz-Joos*, decided in this Court on April 7th of this year, that the Divisional Council of the Cape, in whose jurisdiction this land lies, is the only and proper Local Authority to act in the matter. The part of the case which has given me some trouble is the order that closets should be built for all these cottages. This, in view of the fact that the Divisional Council admittedly has no existing machinery for dealing with sanitary matters of this description, might not have the effect of doing away with the nuisance; for it is obvious that merely building and fitting up the closets will not put a stop to the cause of complaint. It is, however, clear that without such closets no improvement can take place, and it must be left to the Council to see that the closets when built, are properly and decently used and cleaned. The duty of the appellant, however, is to see that his houses are so constructed that ordinary rules of decency, cleanliness, and health can be observed, and that will be done by his carrying out the order made. The appeal must be dismissed. [*Cape Times Report*, 22.8.05.]

in charge of that Branch, I was allowed by the Under Colonial Secretary, as a new departure this year, to deal direct with local authorities in the discussion of such regulations, and this arrangement has worked admirably, local authorities, on being approached direct, and having the points at issue explained to them, generally accepting necessary amendments without demur. During the year 47 batches of Regulations were dealt with, many of them containing a very large number of separate regulations covering a wide field. In the majority of cases, local authorities have adopted, in lieu of those originally submitted by them, draft regulations specially prepared for them in this office after ascertaining exactly the objects that the Authority had in view.

THE PUBLIC HEALTH LABORATORY.

In the Public Health Laboratory, an indispensable part of the Department, under the able charge of the Bacteriological Assistant, Dr. G. W. Robertson, aided by Mr. W. D. Severn, the Chemical Assistant, a large amount of work was carried out during 1907, an account of which will be found in his report, printed in Annexure "H" on pages 138-143.

This Laboratory is not only indispensable for the proper carrying out of Public Health work, but is also of great assistance to other Departments of the Service, and especially the Law Department in Medico-Legal questions, and to the profession at large in the examination of and reporting on pathological specimens submitted by medical practitioners for diagnostic purposes. It earns a revenue amounting in 1907 to £346, which is steadily increasing.

The work of the Laboratory during the year included, *inter alia*, the examination of material from cases of various infectious diseases, of which 236 were specimens of sputum for the detection of Tubercle bacilli, 66 swabs or membrane for the detection of Diphtheria, 171 specimens of blood for examination by Widal's method for suspected Enteric Fever, 75 specimens of blood for examination for suspected Malta Fever, 18 specimens of blood for suspected Malaria, 13 specimens of Cerebro-Spinal fluid in connection with suspected Epidemic Cerebro-Spinal Meningitis, 26 specimens from suspected Plague and material taken from 140 persons for the diagnosis of Leprosy. Of milk there were 61 samples, 48 of these being examined for Tubercle and 13 being goats' milk for Malta Fever re-action. One hundred and four samples of water were bacteriologically and chemically examined, chiefly in connection with municipal water supplies, and 14 samples of sewage effluents, which were examined both chemically and bacteriologically, chiefly in connection with municipal water supplies, of them coming from the Cape Town Docks area, but 228 from King William's Town during the Plague there, 101 of the latter were found to be Plague-infected. Nothing suspicious was noted in any of the others. Of Tissues, Tumours, Urines, general blood counts, and the like there were 556, the bulk of these examinations being for the benefit of general practitioners. Of disinfectant fluids and powders there were 49 examined by the Rideal-Walker method, mainly for the guidance of the Government in deciding on the merits of respective tenders for the supply of disinfectants to the various Government Departments.

In addition to the above, a continuous series of spinal cords of rabbits are maintained for anti-rabic inoculation, in the event of such treatment being required, as was the case during the preceding year, when certain German subjects, who had been bitten by rabid animals, were sent up from German South West Africa to undergo Pasteur's treatment at our hands. We have also from time to time been able to furnish rabbits' brains to the Bacteriological Laboratory of Southern Rhodesia, in which Territory Rabies exists. For this work 72 rabbits were inoculated during the year.

Also, since the 1st of July, 1907, there has been carried out in connection with the Laboratory, at a Calf Lymph Station at Rosebank, a few miles out, the manufacture of Calf Vaccine Lymph. This station has been erected on the most approved design, at a total cost of £1,000, voted by Parliament for the purpose, the work being completed and the station handed over to the Department on the date mentioned. In connection with the station, there are ample grazing grounds and a comfortable cottage, which we erected out of some materials acquired by the Department some years ago in connection with the outbreak of Plague in the Peninsula. This serves as quarters for the Laboratory Attendant of the Public Health Laboratory, who also acts as Caretaker of the station. During the half year 30 calves were inoculated, and from the Lymph obtained, nearly 100,000 tubes were filled.

During the year, the total issue of Calf Lymph for public and private vaccination purposes amounted to 129,868 tubes, 60,041 of these being manufactured at

this station and 69,827 being purchased from the Transvaal Government during the first half of the year, at a charge of twopence per tube, or a cost of £581 18s. It will be seen, therefore, that the new station is amply justifying itself by the large saving in Lymph expenditure. In addition to the actual issues, a reserve stock of Rosebank Lymph, amounting to some 30,000 tubes, was maintained, these being destroyed from time to time as the Lymph became too old for issue.

In connection with the manufacture of Lymph at this station, it is well to state that all calves are carefully examined before inoculation, and any found to be in ill health are rejected; that the Lymph is glycerinated and that every batch, before any of it is issued, is carefully tested and reported upon by the Public Vaccinator of the Cape District and one or two Medical Officers and District Surgeons, who have kindly undertaken this duty. The quality of the Lymph has been excellent, only a very few adverse reports that it had failed to "take" having been received, and in these cases there is little doubt that the failure was due to it having been, after issue and before its use, either kept too long or under unfavourable conditions. In some cases possibly the failure was due to the person wiping it off the arm after the operation, a procedure which is not infrequently adopted by persons who submit themselves or their children unwillingly to vaccination.

During the year some experimental treatment of lepers was conducted by the Laboratory, as will be more fully mentioned later on when dealing with Leprosy.

In addition to the above work, the administration of the Cape Town Morgue is attached to the Public Health Laboratory, and a large number of *post mortems* are personally attended by the Bacteriological Assistant; these numbered 153 during 1907.

THE PATHOLOGICAL MUSEUM.

It is with gratification that I mention the steady growth of the Pathological Museum, which was started some few years ago in connection with the Laboratory. At that time we commenced by circularising all public hospitals and medical men in the Colony, inviting them to send up any specimens of interest for inclusion in such a Museum, and a most generous response was and continues to be made to this invitation. Every specimen of interest that is received is carefully prepared and preserved under Dr. Robertson's immediate supervision, with the result that a most substantial nucleus has been formed of what is certain to be before long a very valuable and instructive collection. Its value is already being recognised in the frequency with which Dr. Robertson is asked to provide pathological demonstrations in connection with the Cape Town Branch of the British Medical Association. So far as I am aware this is the only Pathological Museum in South Africa. Such a collection cannot be got together in a day, and it is hoped that by the time Cape Town becomes a centre for the teaching of medicine, as sooner or later it undoubtedly will be, this Museum will fill an important place.

There is no doubt, however, that there are still very many valuable specimens which do not reach us, especially in the case of some of the public hospitals of the Colony. Probably as the existence and aim of the Museum become better known, these will be sent to us for preservation on our shelves instead of being discarded, as at present is usually the case.

PORT HEALTH ADMINISTRATION.

In Annexure "F," on page 95, is given a table of statistics for the Calendar Year, 1907, of the work performed at the different Ports of the Colony. During this year the number of arrivals of vessels at the several Ports was 2,577, as compared with 2,657 for the preceding year. 2,306 of these were boarded and dealt with by the Port Health Officer in person, while of the remaining 271, to which pratique was given by the Port Officer in the Port Health Officer's absence, 100 were so dealt with at Port Nolloth, and the remainder were mostly small coasting vessels. 942 vessels were dealt with at Table Bay, 525 at Port Elizabeth, 478 at East London, 209 at Mossel Bay, 181 at Port Nolloth and 98 at Walfish Bay. These are the arrivals of vessels and not different vessels: the same vessel, of course, often arrives many times at our Ports during the course of the year. 1,617 of the arriving vessels carried passengers. 115 were sailing ships, and the remainder steamships. 112 of the vessels had infectious disease on board, involving 237 persons; these were all suitably dealt with at the Ports on arrival; in addition to these there were six further cases of infectious disease discovered and dealt with within the Table Bay Harbour Board area; 123 of the cases of infectious disease were in Europeans, 9 were in Natives or Coloured persons and 111 in Asiatics.

All serious cases of infectious disease were landed and brought under proper isolation and treatment; of these 34 were placed in the Isolation Hospital and 32 were otherwise dealt with; 164, mostly minor cases, were carried on in the vessels,

With reference to this point, I may say that if a Master desires to carry on a case of infectious disease on his vessel, the Government has no power to prevent him; all that the Port authorities have the right to insist upon is that adequate measures shall be taken to prevent the spread of any infectious disease to persons on shore. As a rule, however, Masters and Agents are willing to do all that is necessary for the treatment and safety of any cases of infectious disease on board of their vessels.

Of the above-mentioned cases, 7 deaths occurred on board of vessels on or before arrival at the Port, 3 of these being Europeans and 4 Asiatics.

Of the infectious diseases, the most important met with were Beri-beri, 100 cases; Diphtheria, 9; Enteric, 4; Small-pox, 1; Tuberculosis, 27, including in the latter 6 cases landed at Cape Town, all well-to-do persons. No vessel was placed in quarantine on account of infectious disease. All the cases of Beri-beri were in Asiatic crews; 89 of these were on board the boats of the Clan Line, which are manned by Asiatics. The frequent occurrence of Beri-beri in these crews has for long past been under careful investigation, and in nearly every instance I personally inspect and inquire into the outbreak.

CONSUMPTIVE IMMIGRANTS.

Much has recently been said at Mayoral Congresses and South African Medical Congresses regarding the necessity for excluding persons, other than Colonials, suffering from Tuberculosis, or at least Pulmonary Tuberculosis or Phthisis, from landing at any Ports of the Colony, and I gather that the authorities in Natal have been inclined to take action on these lines. But after careful consideration, based upon a fairly wide experience of the conditions connected with this question, I am convinced that any active measures on these lines are, for a number of reasons, impracticable. Phthisis may exist in all degrees of severity and stages of progress, and it would, therefore, be difficult to draw the line at any particular stage in which a case should be excluded. As a matter of fact, some of those advocating this measure have recognised this difficulty, and suggest that action should be limited to cases having open or discharging cavities in the lungs. But even if such a limit could be defined, there remains the practical difficulty of diagnosis and of carrying out a compulsorily physical examination of suspected cases, for which act the law gives no power, and it is doubtful if it would be expedient to give such powers. Again, even though an immigrant may be the subject of advanced Tuberculosis, there would appear to be no reason why he should be prevented from landing, if he be possessed of sufficient means to provide for his proper care and treatment, so as neither to become a burden on the State nor a danger to the rest of the community. But who is to decide in each particular case as to the amount and kind of the means which can be considered to meet these objects, for they must vary with the stage of the disease and class of patient and the powers which he may possess himself of earning money?

Also, although there are a certain number of obviously bad cases in which there can be no manner of doubt as to their unsuitability as immigrants and their incapacity to support themselves if allowed to land, yet these are just the cases which, on grounds of common humanity, must be landed; no Authority could possibly insist upon such cases being carried back to their port of embarkation with the almost certainty of death occurring on the high seas before arrival. Thus, it results that the number which can be excluded from landing at the Ports must form an extremely small proportion of all cases, and when it is remembered that the disease is not only endemic in the Colony, but is extremely prevalent in many parts of it, the question at once arises whether the real protection does not rather lie in taking measures for preventing the spread of the disease within, instead of dealing with those cases without our doors.

As a matter of fact, the Cape Immigration Department, while being alive to the importance of the subject, finds itself unable to take any active steps; the most it has been able to do is to require £50, as evidence of "visible means of support" in such cases, while, where the immigrant has advanced phthisis and is indigent, it has, willy-nilly, been compelled to consent to him landing.

During the year, the Port Health Officer, Table Bay, performed 723 vaccinations; only 2 were performed at other Ports. 131 vessels were specially searched for evidence of suspicious sickness or mortality among rodents, while 1,633 rodents were destroyed on board vessels and within the Port areas, of which 1,605 were accounted for at Table Bay.

SECOND-HAND CLOTHING.

Regulations for the disinfection of second-hand clothing, imported as articles of commerce through the Ports of the Colony, and which are not accompanied by a satisfactory certificate of disinfection by a recognised

Health Authority at the place of origin, were promulgated by the Governor by Government Notice No. 624 of the 27th May, 1907. These Regulations had been drawn up by the Government and submitted to the Conference of Principal Medical Officers of Health for the different South African Colonies, held at Cape Town in November, 1906, and approved of by it, and identical Regulations have now been adopted by the different South African Governments. Some delay, however, occurred before uniform action was complete, pending which the application of the Regulations was suspended, on the instructions of the Honourable the Treasurer, at our Ports in regard to goods in transit for inland colonies, as it was found that consignments of second-hand clothing originally consigned to our Ports were being carried on to Ports beyond, in order to escape the requirement of disinfection. Now, however, not only are similar rules in operation at Natal and Colonial Ports, but identical means of treatment and similar tariffs of charges have been arranged between the two administrations, so that, from the importers' point of view, no particular Port offers special advantages for the importation of such goods.

I may mention that the extent of this trade is very much greater than the general public have any idea of, these second-hand garments being imported for sale to the large Native populations, chiefly at the Mines, although it has greatly diminished as a result of the increased duty levied on such garments.

During the latter part of the year, after the Regulations had come into full operation, 6 consignments were disinfected at Cape Town, 49 at Port Elizabeth, 22 at East London, and 1 at Port Nolloth. Articles not liable to be damaged by steam are, at the main Ports, disinfected in an "Equifex" apparatus by steam under pressure; other articles are dealt with by fumigation in a sealed chamber with Formaldehyde Gas, generated by pouring Formalin on to Permanganate of Potash.

SCHOOL HYGIENE.

Very much has of late been written in the public press and expressed at public meetings in this Colony on the subject of School Hygiene. From many of these utterances it would seem that very varied notions are held as to exactly what is meant by School Hygiene. A number of totally different subjects appear to be indifferently called by this name, and I have often been led to think that the speakers or writers themselves have not made up their minds exactly what is meant to be included in the term. To some, and by far the majority, it appears to be the teaching of Hygiene to school children as one of the recognised subjects of instruction; to others the teaching appears to be confined to the instruction of school teachers in this branch of knowledge; others, again, apply the term to the physical care and systematic medical examination of school children; while yet a few others seem to mean the securing of healthy and sanitary school buildings and their surroundings.

With regard to the teaching of Hygiene to school children, although it has been advocated at different Medical Congresses in this country, and was the subject of many papers at the International Congress of School Hygiene recently held in London, and although, both here and abroad, it has the advocacy of many well-known names, I nevertheless doubt its utility or even its advisability. I cannot but think that among many there is some misconception on this subject. It is difficult, except to a medical enthusiast, to formulate a syllabus of what is considered should be taught, or in what way such instruction is to be given. If the subject of Hygiene and the principles upon which it is founded are to be properly understood, it is necessary to possess scientific and general knowledge of a somewhat advanced kind and which it is quite impracticable to expect of any child. It is founded on chemistry, biology, physics, sociology and a knowledge of the use of statistics, and in its practical application it draws upon nearly all the arts and applied sciences. An educated adult, who himself easily understands and appreciates many of the established facts of the science of Hygiene, scarcely recognises how much his understanding and appreciation depends upon his general acquaintance of other branches of knowledge.

I have seen some of the text-books which have been prepared for the instruction of young children in Hygiene, and, if anything is necessary to demonstrate the absurdity of trying to explain to immature and uninstructed intellects hygienic cause and effect, these should be sufficient. For example, to say, as is said in a publication issued by the Irish Local Government Board, that Consumption is due to "a tiny disease germ called a bacillus, which can eat away any part of the body, but chiefly prefers the lungs," not only can do no good to the child, but is also misleading information, which, if it is retained, has to be corrected later on. Also to teach temperance, as many temperance advocates would have, by describing

its effects in producing "drunkard's liver" and the like, is not only misteaching but is ethically unsound. To state a number of half-truths in childish language is not going to improve in the least degree either the present or the future healthfulness of the child to whom they are taught, but it wastes time that can be better employed in healthy recreation, if it is not required for serious study.

The child should not be frightened into temperance and healthy living, and, in my opinion, such teaching of Hygiene to school children is not only useless but bad, and would add yet another subject of instruction to the already overburdened school curriculum.

The essence of Hygiene, so far as the individual is concerned, consists mainly of cleanliness and abstemiousness in all things, together with physical exercise, sunlight and fresh air, and what is really required is the training of the child in these great virtues, which cannot be done by class-teaching, but must be effected by example, influence and correction, both at home and at school. In this direction the teacher can do very much by constantly, and not merely at stated time-table hours, inculcating habits of moderation and of personal cleanliness and an abhorrence of dirty habits and of dirt in all its forms. Such a training should aim at moulding the character rather than the mind of the child, thus forming lasting habits that will order his entire after life.

It is unnecessary for me here to specify the obvious means by which such training should be carried out, but I may say that for the purpose of enabling teachers themselves to properly understand the importance of their duty, both in this and the other matters of Hygiene connected with the school, I consider that every teacher should undergo instruction in the fundamental laws of Health and Sanitation and of disease-spread.

With regard to the physical care and medical examination of children, there should, in my opinion, be no question as to the advisability of carrying it out, as far as may be possible, in all schools in this Colony, and every School Board should be required to make such suitable provision for this purpose as may be within its means and available in the locality in which the school is situated. While it must be admitted that the necessity for the medical supervision of children is not as great in this Colony as in England and other European countries, where a large bulk of the children are drawn from the most destitute classes and live in overcrowded urban areas and under conditions inimical to health, yet there are many circumstances affecting the present and future physical wellbeing of children which exist at all times and in all places.

In England, free meals may be provided for destitute school children and also transport to and from school, and under the "Education (Administrative Provisions) Act, 1907," which came into force at the beginning of 1908, provision is made (*a*) for providing school children with means of recreation and training during their holidays either at the school house or elsewhere, and (*b*) for the medical inspection of school children immediately before or at the time of their admission to Public Elementary Schools, and on such other occasions as the Board of Education may direct, and for the making of arrangements for attending to the health and physical condition of such children. Under these powers the English Board of Education is now placing upon the Managers of Schools the duty of carrying out a very complete and effective system of the physical and medical care of children.

With regard to the first-mentioned matters, as I have already said, there happily appears at the present time but little need for their application in this Colony; but with regard to the medical inspection of children, this I am of opinion should, as far as possible, be adopted and carried out by School Boards in this Colony. This examination is designed to detect the presence in the child of any mental and physical inferiority or defects, and the existence of ill-health or of any complaint of a contagious or infectious character, so that the subsequent efforts of the school authority may be directed to their removal or their counteraction, and, in the case of infectious complaints, to at least the prevention of their spread to others. Thus, mentally backward children are taught separately from the children of normal intelligence and not with them, so as to be left hopelessly behind and untaught. Physical defects, such as deformity, partial deafness, errors of vision, cardiac trouble, are detected, recorded and, as far as the school arrangements admit, corrected. But many of the English school authorities go further than this and are providing not only for the periodical examination of their school children, but for their medical care and treatment throughout their school life, including ophthalmic and dental care.

In England, the medical examination and supervision of school children has been placed by the Board of Education upon the Medical Officers of Health of the different districts, and I see no reason why, in a very large number of cases, which

would include most of the urban areas and practically all the larger schools, some such an arrangement could not be made through the District Surgeons in this Colony. Such a step would entail some expense, but if the matter were properly arranged on a definite basis, I feel sure the expense would be comparatively trifling and would not be more than the School Boards should be able and prepared to defray.

Reverting to the last of the matters I enumerated at the beginning of this section, namely, the hygienic and sanitary condition of the Schools themselves, I may say that, while in the majority of cases these are being fairly well looked after, and to an increasing degree, by the Education Authorities, nevertheless there is no question that many instances exist where, in some of our schools, even the most rudimentary sanitation is neglected. Such instances have from time to time been brought to light as a result of the systematic inspections which have been carried out in the areas of Local Authorities by Medical Officers of this Department, and when discovered have been reported to the Education Department, and the Superintendent-General of Education has invariably taken prompt measures to ensure their remedy by the School Managers. These defects largely consist of overcrowding, of the use of most unsuitable school buildings, of bad lighting and ventilation, impure water supply and of the absence of sanitary arrangements. In many cases we have found schools to be entirely unprovided with any sanitary accommodation, and, in others, boys and girls have had to use the same closet, which has been found to be in a filthy condition. No principles of cleanliness and self-respect can be inculcated in children under such conditions.

In making these remarks I do not lose sight of the conditions of the country and the great difficulties under which School Authorities and the Education Department labour, nor do I press for the adoption of the most up-to-date arrangements, either in the buildings or their equipment, such as are, in the older countries, accepted as essentials. I fully recognise that the primary object is, and most properly, to secure the children and to educate them. But, nevertheless, while giving full weight to these considerations, I consider that the need for impressing the claims of proper sanitation and cleanliness should not be neglected.

With the medical inspection of children, which I have just recommended, the inspection and supervision of the healthiness of the school buildings and their surroundings would be carried out at the same time and by the same means.

ADMINISTRATION OF THE OPIUM REGULATIONS UNDER ACT 1 OF 1906.

Act No. 1 of 1906, entitled "The Customs and Tariff Amendment Act, 1906," provides, under Section 20, that it shall not be lawful for any person, except a registered medical practitioner, dentist, chemist or druggist, to import into the Colony any Gum Opium, Extract of Opium, Poppies or Preparations of Poppies, and that no such excepted person shall import any such substance without a permit signed by the Colonial Secretary or an officer duly authorised by him thereto, and containing such conditions as shall be prescribed by regulation published in the *Gazette*. Section 21 provides for the infliction of a penalty of not exceeding £500 for a contravention.

Under Government Notice No. 1533 of the 17th December, 1906, such regulations were published, laying down the conditions under which permits would be issued to be, *inter alia*, that the Opium may be disposed of by way of sale or otherwise only for *medicinal purposes*, and that no quantity shall be parted with if there is reasonable suspicion that it is to be used directly or indirectly for purposes other than this, and requiring a special record or book to be kept, in such form as may be directed by the Minister, fully disclosing all acquisitions of, and all dealings in, such Opium, whether acquired by importation or otherwise. Under a further Notice, No. 1534, of the same date, the Minister directed the form in which this record should be kept.

The Section of the above-mentioned Act and these regulations were part of identical legislation passed by all the South African Colonies in accordance with the South African Customs Convention, Article 9 of which prohibits the introduction of Opium "except for medicinal purposes," and Section 1 of the Act specifies that this "Customs Convention is hereby ratified and confirmed." The intention of the Act, therefore, although the Section 20 is silent on the matter, is to prevent the use of Opium except for medicinal purposes, and in view of the kind of Opium specified, namely, "Gum Opium, Extract of Opium, Poppies or Preparations of Poppies," which are mostly unsuitable for ordinary dispensing, but are such as are purchased for the preparation of the drug for Opium smoking, it is evident that the particular use of Opium, which the Act is designed to prevent, is that of smoking.

The Medical Officer of Health for the Colony was duly appointed by the Minister to sign permits and to administer these regulations.

Copies of the regulations were posted to every chemist and druggist in the Colony and to all medical men practising in towns where there was no chemist and druggist, and in which, according to the Chinese Registers, Chinamen were resident. As a matter of fact, it was unnecessary to notify medical men at all, inasmuch as the regulations do not affect them in any way, their entire freedom to prescribe these forms of Opium for medicinal purposes not being interfered with.

During the year 1907, 77 permits were issued under these provisions, representing in the aggregate 4,324 lbs. of Opium. Of this amount, 3,448 lbs., covered by 20 permits, was imported for transmission to the Transvaal. I may mention that, prior to the coming into operation of these regulations, very large quantities of Opium were being imported into Cape Colony for smoking purposes, one retail chemist alone importing within a few months as much as a quarter of a ton. The usual medicinal dose of Opium for an adult is one grain.

On the 27th June, 1907, a report was made to me by the Director of a leading firm of wholesale chemists and druggists that large amounts of Opium were being supplied to Chinese and others by chemists in the City for smoking purposes on medical prescription, and it was suggested that the Government should act in accordance with the regulations, and have the Opium Registers of all chemists inspected. On this information such an inspection of the registers of most of the chemists in the Peninsula was undertaken. It was, however, found by the officer deputed to perform this duty that hardly any chemists were keeping the record required by the regulations, so that when they were called upon to show "all dealings in or disposals of Gum Opium, Extract of Opium, Poppies or Preparations of Poppies," the only record they produced was the original prescriptions, or the copies of them, upon which they had supplied the Opium. From these it became evident that a very considerable amount of Opium was being supplied, mainly to Chinamen, on medical prescription, in quantities from a few ounces up to four pounds at a time, for the purpose of smoking. It was further found that the names of the Chinese for whom these amounts were prescribed did not accord with names on the Chinese Registers, on which the name of every Chinaman resident in this Colony must be inscribed.

By a curious coincidence the Police at Port Elizabeth independently discovered at this time that a similar condition of things was taking place in that town, and made a report on the matter to the Resident Magistrate, dated 26th June, or the day prior to the date of the representations made to me in Cape Town by the gentleman above-mentioned. This report reached me on the 3rd July, 1907. In it details of a number of sales to Chinamen on medical prescriptions were given, together with the original prescriptions.

In view of these reports, the Government decided that it would be well to have inspected the Opium Registers of all chemists carrying on business in every town of the Colony in which, according to the Chinese Registers, Chinese were residing. This was done, but only in Cape Town and Port Elizabeth were any irregularities found to exist, except that in Kimberley two doubtful instances were brought to light.

It was evident, therefore, that in Cape Town and Port Elizabeth certain medical men were prescribing very large amounts of Opium for smoking, whereas in other towns the medical men found this unnecessary. And a consideration of the manner in which it was being prescribed suggested that in Cape Town and Port Elizabeth it was also unnecessary for medical purposes. In other words, it appeared probable that these prescriptions might be given for the purpose of enabling an evasion of the regulations to take place. In one case one "patient" was ordered, and obtained on the prescriptions of one medical man, 19 pounds of Opium in a period of 40 days; in another case 5 pounds in 20 days; and in Port Elizabeth one chemist "dispensed" in one day no less than 12 pounds on the prescriptions of three medical men alone. In other cases the prescriptions ordered "a small quantity of Opium," and on this, quantities from $\frac{1}{2}$ to 1 pound were actually dispensed. With this information before it, the Government had no alternative but to take the matter up. As far as the chemists were concerned they were virtually protected by the medical prescription. On the other hand, as far as the medical man was concerned, the regulations themselves provide no penalty for the issue of a medical prescription for the supply of Opium not *bona-fide* intended for medicinal use, the occurrence of such an event never having been contemplated when the regulations were drafted. Moreover, had they so provided, the question as to whether the Opium prescribed was actually required *bona-fide* for medicinal purposes or not, was one which neither the Medical Officer of Health for the Colony nor the Government was competent to decide, and,

still further, if it were decided that the prescriptions were not *bona-fide* for medicinal purposes, what effect could the Government give to its decision? It was obvious that as this was purely a medical question and one which might involve a grave breach of professional conduct, it was one which should be dealt with by the medical tribunal, which alone is empowered by law to decide on questions of professional conduct, namely, by the Colonial Medical Council; and accordingly to that body the matter was referred, under Section 13 of "The Medical and Pharmacy Act Amendment Act, 1899," by letter from the Under Colonial Secretary, dated the 18th July, 1907, asking that "the cases be brought to the notice of the Council to be dealt with should the Council see fit as a breach of professional conduct." As a result the Council took the matter into its consideration and decided that there was *prima facie* evidence against the medical men concerned, and it thereupon summoned them to appear before it in order that a due inquiry might be held into the matter. The Council summoned ten medical practitioners before it, and held inquiries into eight cases.

One was adjudged guilty of "infamous and disgraceful conduct in a professional respect," two were adjudged guilty of "improper and unprofessional conduct" and five were adjudged not guilty.

One other result of the inspection of the Opium Registers in Cape Town was the discovery that a very large amount of Opium had been purchased from chemists by a Veterinary Surgeon, ostensibly for veterinary purposes, but actually for disposal to Opium smokers. This person was proceeded against by the Police for a breach of the Medical and Pharmacy Act, in unlawfully dealing in a poison under that Act, and a conviction was obtained.

RETURN OF AMOUNTS OF OPIUM ORDERED FOR OPIUM SMOKING ON MEDICAL PRESCRIPTION.

The following is a list of the persons to whom Opium was sold for Opium smoking on Medical prescription, of which information was furnished to the Government by the chemists and particulars of which were sent by the Government to the Medical Council. Each Medical Practitioner is denoted by a letter of the alphabet instead of by name, and each separate person for whom Opium was ordered is indicated by a consecutive number. Most of the names were, however, fictitious Chinese names, that is, they were not borne by any Chinamen registered in the Colony.

Medical Practitioner.	"Patient."	Date.	Amount ordered of Solid Opium.
Dr. "A," Cape Town.	Case No. 1.	11-5-07.	4 lbs. Opium.
		19-5-07.	3 lbs. Opium.
		3-6-07.	3 lbs. Opium.
		5-6-07.	3 lbs. Opium.
		10-6-07.	3 lbs. Opium.
		20-6-07.	3 lbs. Opium.
		18-5-07.	3 lbs. Opium.
Dr. "B," Cape Town.	Case No. 2.	10-6-07.	2 lbs. Opium.
		7-8-07.	1 lb. Opium.
	Case No. 3.	1-7-07.	1 lb. Opium.
		25-7-07.	1 lb. Opium.
		29-7-07.	$\frac{1}{2}$ lb. Opium.
	Case No. 4.	9-8-07.	1 lb. Opium.
		23-7-07.	1 lb. Opium.
		3-8-07.	1 lb. Opium.
		11-8-07.	1 lb. Opium.
	Case No. 5.	14-8-07.	8 ozs. Opium.
Dr. "C," Cape Town.	Case No. 6.	26-2-07.	"A supply" (1 lb. Opium per month actually supplied).
		12-3-07.	"Small Quantity."
	Case No. 7.	23-3-07.	"Small Quantity."
		3-4-07.	2 ozs. Opium.
		1-5-07.	4 ozs. Opium.
		4-6-07.	4 ozs. Opium.
		25-6-07.	8 ozs. Opium.
		11-7-07.	6 ozs. Opium.

Medical Practitioner.	"Patient."	Date.	Amount ordered of Solid Opium.
Dr. "C."— <i>Contd.</i>	Case No. 8.	12-3-07.	"Small Quantity," ($\frac{1}{2}$ lb. Opium actually sup- plied).
		23-3-07.	Do. do.
		13-5-07.	3 ozs. Opium.
		14-6-07.	6 ozs. Opium.
		28-7-07.	8 ozs. Opium.
		31-7-07.	8 ozs. Opium.
		4-8-07.	8 ozs. Opium.
	Case No. 3.	3-8-07.	8 ozs. Opium.
		5-8-07.	6 ozs. Opium.
	Case No. 9.	11-5-07.	8 ozs. Opium.
		31-7-07.	8 ozs. Opium.
	Case No. 10.	25-6-07.	8 ozs. Opium.
		13-7-07.	8 ozs. Opium.
	Case No. 11.	27-4-07.	3 ozs. Opium.
Dr. "D," Cape Town.	Case No. 8.	13-5-07.	4 ozs. Opium.
		17-5-07.	4 ozs. Opium.
		21-5-07.	4 ozs. Opium.
		29-5-07.	4 ozs. Opium.
		3-6-07.	4 ozs. Opium.
	Case No. 11.	2-4-07.	4 ozs. Opium.
		5-4-07.	4 ozs. Opium.
		10-4-07.	3 ozs. Opium.
		17-4-07.	3 ozs. Opium.
	Case No. 4.	17-4-07.	4 ozs. Opium.
		25-4-07.	4 ozs. Opium.
	Case No. 12.	2-7-07.	4 ozs. Opium.
Dr. "E," Cape Town.	Case No. 4.	22-5-07.	8 ozs. Opium.
		27-5-07.	8 ozs. Opium.
		13-6-07.	16 ozs. Opium.
		23-6-07.	16 ozs. Opium.
		22-7-07.	8 ozs. Opium.
	Case No. 13.	29-4-07.	3 ozs. Opium.
Dr. "F," Cape Town.	Case No. 14.	13-5-07.	4 ozs. Opium.
	Case No. 6.	19-5-07.	4 ozs. Opium.
Dr. "G," Cape Town.	Case No. 16.	8-7-07.	4 ozs. Opium.
	Case No. 17.	13-4-07.	Amount not stated.
Dr. "H," Cape Town.	Case No. 15.	6-4-07.	1 oz. Opium.
Dr. "I," Cape Town.	Case No. 8.	2-5-07.	8 oz. Opium.
Dr. "J," Port Elizabeth.	Case No. 18.	16-5-07.	2 lbs. Opium.
		30-5-07.	2 lbs. Opium.
	Case No. 19.	30-5-07.	2 lbs. Opium.
	Case No. 20.	3-6-07.	1 lb. Opium.
Dr. "K," Port Elizabeth.	Case No. 18.	30-5-07.	2 lbs. Opium.
	Case No. 19.	14-5-07.	2 lbs. Opium.
Dr. "L," Port Elizabeth.	Case No. 21.	30-5-07.	2 lbs. Opium.
	Case No. 22.	30-5-07.	2 lbs. Opium.
	Case No. 23.	30-5-07.	2 lbs. Opium.

ADMINISTRATION OF THE CEMETRIES ACT, No. 3 OF 1883.

Among the matters placed in charge of the Department on its formation was the administration of the "Cemeteries Act, 1883," together with that of the opening of new and the closing of old burial grounds under the provisions of the Public Health Acts.

There are in all only 42 Cemeteries established in the Colony under the provisions of Act No. 3 of 1883. These Cemeteries are vested in Trustees appointed under Section 1 of the Act. Besides these, however, there are a number of Municipal Cemeteries which have been brought under the operation of the Statute by Municipalities acting under Section 31. But the vast majority of the Cemeteries in the Colony are denominational ones and are under no control other than that exercised

by the denominations to which they belong. In a certain number of the latter cases the Local Authorities of the areas in which they are situated have framed regulations under the Public Health Amendment Act and exercise some general control as far as the digging of graves to a sufficient depth and the prohibiting of vaults and matters of a like kind are concerned, but in by far the greater number of cases Local Authorities prefer to leave such Cemeteries severely alone. It has, therefore, been found, in course of the routine inspections made by Medical Officers of the Department, that a number of most unsatisfactory Cemeteries exist, especially in urban areas; these are being now gradually closed under the provisions of Section 64 of Act No. 4 of 1883, and more suitable Cemetery accommodation provided. As a rule, denominational Cemeteries in this Colony have not proved altogether a success, as, sooner or later, they tend to become neglected by the authorities in whom they are vested, and in any case there is insufficient control over them from the point of view of the Public Health, and I think the policy of the Government in future should be in the direction of ensuring that all new Cemeteries established in or to serve urban areas are Public Cemeteries, controlled either by Trustees or by the Local Authority of the district in which they are situate. It should be mentioned that the Act requires Trustees to set aside separate portions in each Cemetery for the different religious communities.

But, even in the case of Public Cemeteries, unsatisfactory conditions have arisen, owing to the absence of sufficient revenue or to the Trustees ceasing to take interest in their Cemetery, or that it occasionally happens that it is impossible to obtain any suitable persons to act as Trustees. In the case of some existing Cemeteries, it was attempted to meet the difficulty by transferring the Cemetery to the Local Authority, but it was held by the Law Department that the ground having been once vested in Trustees it could not be transferred to a Local Authority. Recently, however, this opinion has been reversed, and, consequently, some of the difficulties hitherto experienced have been removed.

At the present time the policy of the Department is to advise that, whenever possible, Crown Land be vested in the Local Authority for Cemetery purposes, this course being the best for administration and for financial reasons.

Apart, however, from recognised public and denominational Cemeteries, there are scattered through the length of the land hundreds of unauthorised burial grounds, established on private ground, but often on Commonage or Crown Land, for which no one can be found to be responsible and of which there is rarely any information obtainable as to when or how they were established, what are their limits, the approximate number of burials that have taken place or where bodies have been buried, or even when the last body was buried, although it is common to see new-made grave mounds in them. Such burial grounds are for obvious reasons a danger to the community.

In this connection it should be noted that under the provisions of Section 44 of Act No. 23 of 1897, no Cemetery or burial ground can be established or opened within the limits of any urban area, and no Public Cemetery in any district outside the limits of any such area, without the leave of the Governor and the Local Authority being obtained. I think it is time that these provisions should apply also to *all burial grounds* as well as Public Cemeteries outside of urban areas. It is quite reasonable that owners of large farms should have burial grounds thereon, but it is equally reasonable that every such burial ground should be sanctioned by the authorities and that the owner should be required to exercise a proper control over it.

During the year a complete set of regulations for the management of Public Cemeteries has been drafted, and these are now being adopted by the Trustees of nearly all such Cemeteries.

EXHUMATIONS.

For many years past it has been customary for people to transfer—and often re-transfer—the remains of their dead from one burial ground to another, obtaining merely the sanction of the Cemetery Authorities when the burial ground is not a private one. This practice has, within recent years, become more common, possibly as a result of more movement of the population, the grounds for desiring the exhumation and re-burial being usually that the relatives have ceased to reside in the neighbourhood of the original burying place and wish to have the remains buried near their new place of abode. Although there appears to exist no specific statutory authority under which such exhumations can be prevented, beyond the general powers conferred by the Public Health Amendment Act of 1897, the Government has made it a condition that its sanction must be obtained before any exhumation, other than that required for judicial purposes, can be carried out. On receipt of any such application, inquiries are made as to the date

of burial, nature of the illness from which the deceased died, and any other information likely to assist the Department in arriving at a decision on the matter. In all cases, if the application is based on reasonable sentiment and is not the result of some frivolous grounds, and if the Cemetery Authority has no objection, or the Local Authority of the area in which the body of the deceased is buried or is proposed to be re-interred is satisfied that proper precautions will be taken, the Minister's sanction is granted, provided that the body has not been recently buried and the person did not die of an infectious disease.

A large number of these applications are dealt with during the year, very many being made in the case of the closed Somerset Road Cemeteries.

“THE PUBLIC HEALTH (SLAUGHTER-HOUSES) ACT, 1906.”

This Act which came into force on the 21st August, 1906, applies to any Municipality within the Divisions of the Cape, Port Elizabeth and East London, and in such other Division as the Governor may from time to time proclaim, “after obtaining the concurrence of the Divisional Council concerned.” But, as to what other Local Authorities are already under the Act, it is difficult to be certain of, as its wording is most obscure. At any rate no such Proclamation has so far been issued.

When the Act came into operation the Municipalities in the three Divisions mentioned were notified by the Government of its provisions and were requested to take into consideration the question of establishing joint public Slaughter-houses under the special powers which it gives. So far as the Cape Division is concerned, the only Municipalities which were prepared to consider the matter were those of Cape Town, Green Point and Sea Point, Woodstock and Maitland; all the other Municipalities, together with the Divisional Council, for one reason or another, declined to participate. Prior to the coming into operation of the Act a Joint Committee had been appointed by these and other of the Peninsula Local Bodies for the purpose of considering the feasibility of establishing joint Municipal Public Slaughter-houses for the whole Peninsula, and the four Municipalities mentioned have decided to continue this Committee on their own behalf. After prolonged deliberation this Committee decided on (1) the selection of a site, (2) the framing of regulations, and (3) a provisional estimate for a Slaughter-house, which they put at £10,000.

With regard to the site, the first chosen was Crown land, at Uitvlugt, surrounded by the Ndabeni Native Location, the Plague Hospital and attached buildings, the Remount Camp of the Cape Mounted Police and the site whereon it is intended to erect the Alexandra Chronic Sick Hospital. This piece of ground was at once refused by the Government, as being unsuitable, and thereupon the Committee selected another site, a long strip of land to the South side of the Railway Line and running parallel with the Maitland Cemetery. Apart however from this ground being unsuitable by reason of its position, and it being largely shifting sand, it had already been promised to the Maitland Cemetery Board as a reserve for future extension of the Cemetery. The Government, however, suggested to the Committee two alternative sites, one being the outspan on the Durban Road, between the sixth and seventh mile stones out of Cape Town, and of an approximate area of 600 acres; the other being Crown land, known as the old Salt River Outspan, at Maitland, on the Koeberg Road, at one time reserved as a sewage depositing site for the Cape Town Municipality, but discarded for that purpose and now taken over by the Railway Department as a ballast reserve. Either of these sites appeared to be suitable, but Government considered, for reasons which it is unnecessary to detail, that the first was the better. The Committee, however, preferred the Salt River Outspan site, and after prolonged negotiation with the Railway Department, the Honourable the Commissioner expressed his willingness to cede an area of fifty acres at a suitable spot to be chosen by the Municipalities, and furthermore agreed that, in the event later on of any portion of the land adjoining not being required for Railway purposes, the Committee would have the first refusal of it. In utilizing this site it is proposed to employ the existing ballast siding as a means of communication with the Main Line of Railway.

With regard to the Regulations drafted by the Committee, they are very wide and seek, among other things, to empower the Municipalities participating in the scheme:

- (a) to prohibit the slaughtering of any animals within the areas of the co-operating Municipalities, except at the Public Slaughter-houses, to be established under the scheme, and to require the branding, after due inspection, of all such meat before removal from the said Slaughter-houses;
- (b) to prohibit the introduction into the areas of these Municipalities for sale any meat of any animal slaughtered outside the area of the Municipalities, unless the slaughtering has been done on land *bona fide* owned or occupied by such persons for farming purposes only, and provided that such meat is sold only by the farmer and that no butcher shall sell any such meat, and, further,

that the Municipalities may require that all such animals, slaughtered by farmers and intended for sale for food, shall be brought in between specified hours for examination and branding at a place to be appointed by Municipalities.

Furthermore, the proposed regulations provide that no "imported" meat shall be offered for sale within the areas of the Municipalities until it shall have been inspected by experts appointed by the Municipalities and shall have been approved and branded as suitable for the food of man. Such imported meat is to be delivered between such specified hours at such specified place as may be appointed, and must be submitted to the experts in large pieces, sides or quarters, and as regards smaller animals, in the whole carcass. The proposed regulations are, however, somewhat hazy as regards the exact meaning to be attached to "imported" meat; that is, whether the term is to be taken to mean foreign imported or frozen meat.

These regulations have been very carefully drawn up by the Committee after prolonged consideration, and one, therefore, rather hesitates to criticise them, but, if they became law, they would establish a Municipal monopoly of a kind and extent which I think it would be difficult to justify. The proper inspection of animals before slaughter and of meat after slaughter, and the proper carrying out of slaughtering and the preparation of meat for sale in suitably constructed and well conducted slaughter-houses is of the very greatest importance to the health of the community; this cannot be too strongly insisted upon. Also it is reasonable that the Municipalities should desire to have some guarantee that, in the event of their sinking a large sum of money in the provision of Public Slaughter-houses, they will be used by the trade, and that uncontrolled slaughtering shall not be carried on in unsuitable places just beyond their borders, but it should surely be possible to ensure these conditions without creating such a monopoly of slaughtering as must adversely affect a free meat supply of the Peninsula and result in hardship not only to those concerned in the trade but also to the consumer. It may be added that it is the expressed desire of the Committee that the regulations should be even more restrictive, in that it has suggested that the proviso to Section 2 of "The Public Health (Slaughter-houses) Act, 1906," should be set aside. This proviso is to the effect that no byelaws or regulations shall be made "which shall prevent the sale of South African meat within urban areas by farmers thereunto specially authorised by Acts of Parliament on the ground that the animals whose meat is sold have not been slaughtered within the Municipal area."

These proposed regulations have not yet been dealt with by the Government.

With regard to the character of the Slaughter-houses proposed to be erected, it would appear that the Joint Committee have not obtained sufficient details to enable any reliable estimate to be made, but it would seem unlikely that suitable Public Slaughter-houses, with kraals, cattle markets and other appurtenances, can be erected for the proposed sum of £10,000; such an estimate is far below the actual cost of such Slaughter-houses elsewhere, but in this connection it must be noted that in those cases the cost of the site formed a large portion of the outlay.*

One of the most important objects in connection with the establishment of Public Slaughter-houses in the Peninsula is that of the formation of Cattle Markets to which farmers can send their slaughter stock for public sale. For this purpose, however, it would be necessary to have sufficient ground in the vicinity of the Market, on which to run stock not immediately sold, if the formation of buyers' "rings" is to be prevented.

At Simon's Town, although the Municipality has, owing to its isolated position, declined to join in with Cape Town and the other Municipalities in the joint scheme, the Council is undertaking the erection within its area of approved Municipal Slaughter-houses in which all slaughtering within the Municipality is to be carried out, and it has also stated its intention to co-operate with the other Municipalities in regulations for the protection of the meat supply of the whole of the Peninsula.

At Port Elizabeth, where, as already mentioned, the Act is in force, the Municipality had already, before its promulgation, undertaken the erection of Public Slaughter-houses situated at the North End of the town. These Slaughter-houses consist of a collection of 14 separate slaughtering rooms, which are let to the different butchers in the town and in some cases to two or more butchers jointly. There is also separate provision for the slaughtering and scalding of pigs. The cost of these slaughter-houses was £12,300. They are far in advance of the private slaughter-houses which used to exist in the district, but their design is capable of considerable improvement. The provision of separate slaughter-rooms for the different butchers, although preferred

* The following are some examples taken from various sources:—Birkenhead, £14,500; Manchester, £50,000; Birmingham, £127,311; Cologne, Germany, £401,953; Berlin, £600,000; Hanover, £140,000; Leipzig, £235,000. In Sydney, New South Wales, the erection of a new slaughter-house at Homebush to replace the one on Glebe Island, was estimated to cost £250,000, "in a semi-complete state."

by the butchers themselves, is an unsatisfactory one as regards the efficient inspection of carcasses and meat; the principle of a common slaughtering hall is by far the best arrangement.

The Port Elizabeth Municipal Council have likewise framed regulations under the Slaughter-houses Act for the regulation of the meat supply of the Municipality and the forcing, as far as possible, of all slaughtering in the Municipality being done at these Municipal Slaughter-houses. These regulations are much on the lines of those of the Joint Committee already discussed, although more simple in character. On being forwarded to the Government for approval, the Government pointed out objections to them in a letter to the Municipality, dated the 7th March, 1908. Since then the Government has not received any further expression of the views of the Council.

At East London, the remaining Division in the Municipalities of which the Act is in force, nothing has been done under it, and the slaughtering arrangements in the Municipality continue to be carried out in a very unsatisfactory manner. In a letter, dated the 30th October, 1906, the Government approached, through the Resident Magistrate, the different local authorities of that District on the subject, but up to the present without any result.

ADMINISTRATION OF "THE SALE OF FOOD AND DRUGS AND SEEDS ACT, 1890."

The administration of "The Sale of Food and Drugs and Seeds Act, 1890," more commonly known as the "Adulteration Act," is from time to time reported upon in a special report, but, as falling under the administration of the Public Health Department, it will be of interest to set down here a few brief particulars regarding the work during the year 1907. During this period 2,021 samples were purchased for analysis, at a total cost of £458, being expenditure on the purchase of the samples and on salaries and travelling expenses of official purchasers. Only 28 of this large number of samples were unfit for analysis on receipt at the Laboratories, either through being in a state of decomposition or by breakage of the package, or on account of the sample purchased being too small in quantity.

Of the 1,993 samples analysed, 220 or 10.9 per cent., were found to be adulterated or were suspicious of being adulterated, and legal proceedings were instituted in 130 of the cases, which resulted in conviction in 109 cases, with the infliction of fines to the total amount of £223 13s. 8d.

Of the samples analysed 1,259 were milks, of which the proportion of adulteration was 5.2 per cent. In addition to these milks, 131 special samples were taken at the dairies and analysed for the purpose of obtaining confirmatory proof before carrying through legal proceedings for adulteration. 164 were coffees, of which those adulterated amounted to 19.4 per cent., chiefly by the addition of chicory; 119 were chicories, of which 2.5 per cent. were found to be adulterated, the adulterants being acorns, peas, and in some cases sand, the latter being possibly due to imperfect manufacture; 115 were brandies, of which 15.7 per cent. were found to be adulterated, all, with one exception, by the addition of too much water; 83 were vinegars, 48.1 per cent. being adulterated, in the majority of instances the article not being vinegar at all, but an artificial preparation.

Under the provisions of Section Twenty-one of the Act, empowering samples from consignments of articles of food imported into the Colony to be taken at the Customs, for analysis, 184 consignments were dealt with, from which 192 samples were taken and analysed. Of the consignments, 33 articles were found to be adulterated or not to conform to the trade description as set forth on the label or in the invoices; 20 of this number were eventually prohibited from entering the Colony, the remaining 13 being allowed to come in subject to suitable conditions, mainly in the direction of re-labelling, so as to properly disclose the nature of the article. The samples consisted of Preserved Milks and Creams, Butter and Lard, Coffee and Chicory, Pepper, Vinegar, Brandy and Cognacs, the milks, lards and vinegars being the most important. 64 of the consignments were sampled at Cape Town, 26 at Port Elizabeth, 75 at East London, 13 at Mossel Bay, 3 at Simon's Town and 3 at Port Nolloth. Consignments were, however, only shut out at the ports of Cape Town, Port Elizabeth and East London.

From the 1st of July, 1907, that is, from the beginning of the financial year, a new departure was instituted under which this Department is charged at certain tariff rates for the analysis of all samples submitted by it, not only under the Adulteration Act, but also for the analysis of waters or other things connected with the general administration of the Department.

Originally the Analytical Laboratories were under the Agricultural Department, but many years ago became a branch of the Colonial Secretary's Department, being from thence, by Government Notice No. 53 of 16th January, 1907, transferred to the administration of the Public Health Department, but by the subsequent Government

Notice No. 572 of the 23rd May, 1907, they were transferred back to the Colonial Office and again on the 10th June, 1907, retransferred to the Agricultural Department. Thereupon it was decided that, inasmuch as the work was now being done in the Analytical Laboratories for another Ministerial Division, charges should be made for this work, and as a result accounts amounting to over £1,000 have already been presented for payment. In my opinion, this system of one expert Government Department charging another Government Department large sums, often arrived at on a purely fictitious basis, for expert work done in the name of that Department but which is solely required for the carrying on of the Public Service, is quite wrong, inasmuch as it creates the belief that the Branch performing the work is revenue-earning and, therefore, self-supporting, and, indeed, is often shewn on paper to be making a handsome profit, with the result that the Branch, under the belief that it is earning a large revenue, is apt to consider itself entitled to be less economical in its administration than would otherwise be the case. In the present instance, as a result of this arrangement, I have, partly for the assistance of my administration and partly for the protection of the funds under its control, caused many analytical examinations, such as drinking waters, sewage effluents and the like, which formerly would have been sent to the Analytical Laboratories, to be carried out in the Public Health Laboratory with excellent results and without any expenditure to the Department or of the Public Funds.

THE ADMINISTRATION OF "THE CONTAGIOUS DISEASES PREVENTION ACT, 1885," AND THE SPREAD OF SYPHILIS.

Returns shewing the working of the Contagious Diseases Prevention Act, 1885, during the year 1907, will be found given in Annexure "C," on Pages 83-88.

PART I.

The work was actively carried on under Part I., dealing with the examination and treatment of prostitutes, but the result, as has been the case in the past few years, has not been so extensive as might have been, were it possible to reach all, instead of a comparatively few of the prostitutes in those Districts in which this part of the Act is in force. It is at present in operation in the Districts of Cape Town, Wynberg, Simon's Town, Port Elizabeth, Uitenhage, East London, King William's Town and Umtata.*

The total number of females placed on the Registers in these Districts, as a whole, during 1907 was only 157, as compared with 208 in the preceding year; but this number was notwithstanding greater than was the case during the years 1903, 1904 and 1905. With the 300 remaining on the Registers on the 1st January, 1907, there were 457 nominally on the Registers during 1907, of which number 231 were in Cape Town, 80 at Port Elizabeth, 46 at Simon's Town, 36 at East London, 22 at Umtata, 21 at Wynberg and 11 at King William's Town. Thus, of the whole number on the Registers over two-thirds are in the Cape Peninsula. Of this 457, only 408 were under examination during the year, the remaining 49 failing to appear for examination.

Of late years the working of this portion of the Act has been greatly hampered by the operation of Act No. 36 of 1902, known as "The Betting Houses, Gaming Houses and Brothels' Suppression Act," or more familiarly as "The Morality Act," inasmuch as information, which may be required to be given under the Contagious Diseases Prevention Act, might be used against the persons in proceedings under the Morality Act. This effect has not been so severely felt in the last year or two, inasmuch as the Police have been enforcing that portion of the Morality Act less drastically.

Of the 408 women examined during the year, 52 were European and 356 Coloured prostitutes. This number was examined on 3,786 occasions, with the result that 162, or 39·7 per cent., were found to be diseased and were admitted to Hospital. Many of the latter, however, were found to be diseased on more than one occasion, so that there were 229 admissions into Hospital during the year, 92 such admissions being for Syphilis, 109 for Gonorrhœa and 28 for other Venereal diseases. The average duration of stay in Hospital for each admission was 43·20 days. This large number of re-admissions, amounting to no less than 41·4 per cent. of the diseased women, is very unsatisfactory, as very many of them are already due to relapses following incomplete cure. In 1906 it amounted to 49·7, but in previous years it was only in 1905, 12·8; 1904, 15·6; 1903, 7·5. It is difficult to account for this increase in the number of returned cases, as the average duration of stay in Hospi-

* By Proclamation No. 177 of the 31st May, 1892, this part of the Act was also brought into force in the Native Districts of Idutywa, Engcobo, Xalanga, Mt. Currie, Umzimkulu, Mt. Ayliff, Mt. Frere, Qumbu, Maclear, Matatiele and St. John's, but it has never been applied in these Districts, and, as a matter of fact, until quite recently, the circumstance that it had been so proclaimed was lost sight of.

tal has only slightly decreased during the last few years.* Further enquiry, however, is being made of the Medical Inspectors with a view to elucidating the matter. It may, however, be pointed out that in the women found to be diseased the proportion of Syphilis to Gonorrhœa and other Venereal diseases has much increased during the last two years, and as this disease requires a much longer course of treatment than the other diseases, one would have expected the average duration of treatment to have also increased, instead of diminished.†

As is well known, there has been, since the Act came into operation, unremitting efforts on the part of a section of the public to obtain the repeal of this portion of the Act, but during this time a succession of Governments and a number of Select Committees of both Houses of Parliament, notably those held in 1899 and 1906 of the House of Assembly, have carefully considered the matter and have always arrived at the conclusion that, on the one hand, the charges alleged against it are unsubstantial, and, on the other, there can be no doubt that this portion of the Act is of great benefit to the communities in which it is in operation. I think no reasonable person can deny the benefit of confining for nearly 10,000 days and nights diseased women, often of the very lowest class, and thus preventing them plying their calling and spreading disease broadcast, often to be passed on to innocent persons.

The total cost of carrying out this portion of the Act during the year under review was £3,111, or approximately £7 12s. 6d. per female under examination. I say approximately, as a considerable portion of this expenditure, although charged to Part I, also serves the work under Part II of the Act, inasmuch as the Medical Inspectors and the Contagious Diseases Hospitals at those places where Part I is in operation also carry on the work of Part II without additional expenditure.

PART II.

Under Part II, the most important portion of the work is dealing with Syphilis throughout the Colony. This disease is exceedingly rife in many parts, especially in Bechuanaland, Griqualand West and many of the Midland and South-Western Districts, and it so far shews but little tendency to decrease, while in many portions it is on the increase, and there is also evidence that Natives returning to their homes after sojourning at the mining and other labour centres are spreading the disease in the Territories and Native Districts.

The total number of patients treated during the year in the Colony Proper under this portion of the Act was 3,217; in the Native Territories only 41 persons were treated, this portion of the Act being there practically inoperative. The total cost of working Part II of the Act amounted in 1907 to £11,198.

Of those treated in the Colony Proper, 1,597 were males and 1,620 females; only 135 were Europeans; 1,104 were in children, 817 of these being hereditary cases; 805 of all cases were treated in Hospital—all in local Contagious Diseases Hospitals, with the exception of 322 treated in the Kimberley General Hospital. Of the number so treated, 456 were cured 112 lapsed from treatment, 34 died, and the remainder were still under treatment at the end of the year. Of the 2,412 treated outdoor, only 474 are reported as having been cured, while 435 lapsed from treatment, 65 died and the remainder were still under treatment on the 31st December. From this it will be observed that the percentage proportion of reported cures in the case of those under hospital treatment amounted to 57 per cent., while of those under outdoor treatment only 19·7 per cent. were cured. This difference is partly due to the very much more chronic and incurable Tertiary stages of the disease in those who are treated in the various Districts as out-patients, as compared with the more early and curable cases in Hospital, but the difference is also probably more apparent than real.

At present, local Contagious Diseases Hospitals only exist in the following places, namely: Alexandria, Barkly West, Calvinia, Cape (Lock Hospital), Clanwilliam, Colesberg, Cradock, Hay (Griquatown), King William's Town (Lock Hospital), Kuruman, Malmesbury, Oudtshoorn, Port Elizabeth and Umtata (both Lock Hospitals), Victoria West, Worcester, and Vryburg. But very often these Hospitals are only an apology for a hospital.

In 1904, owing to the need for economy and the then Government being of the opinion that Hospital treatment as carried on in the unsatisfactory institutions existing in most of the districts was no better than out-door treatment, it was decided—in my opinion rightly—to close all Contagious Diseases Hospitals, with the exception of the few abovementioned. There is no doubt but that hospital treatment in many of these cases did differ but little from ordinary out-patient treatment, while it entailed upon the Government a large amount of extra expenditure on rations, caretakers and

* It was in 1903, 44 days; 1904, 18 days; 1905, 45 days; 1906, 38 days, and in 1907, 43 days.

† The actual admissions were respectively for each of the years 1903 to 1907:—

Syphilis,	41, 33, 24, 86 and 92.
Gonorrhœa and other venereal diseases, ...	116, 108, 117, 182 and 137.

supervisors. I have, however, always held the view that, at suitable centres, proper Contagious Diseases Hospital accommodation should be provided, and that all suitable cases from the surrounding Districts should be drafted into these for treatment. At the present time, while the larger proportion of patients can well and satisfactorily be treated as out-patients by the District Surgeon, there is a considerable residuum who not only cannot be satisfactorily treated as far as the persons themselves are concerned, but by being allowed to remain at large, they are a menace to the remainder of the population. But such measures would entail extra expenditure, which at the present time I recognise it is quite impossible for the Government to undertake, and, moreover, to make them successful it would be necessary that the Act be amended so as to enable the Government to compulsorily detain such cases in Hospital until such time as they can be safely discharged. Under the existing law, while persons suffering from Syphilis can be compelled to place themselves under medical treatment, there is no power under which treatment and retention in hospital can be insisted upon.

In dealing with this disease, much improvement would result if farmers and other employers of labour would be on the look-out for signs of it in persons in their service, and would bring such cases immediately to the notice of the Resident Magistrate for enquiry and, if necessary, treatment by the District Surgeon; and, that when brought under treatment, would see that they continue it until discharged cured; and it is hoped that by circularising farmers and others, and informing them of the chief signs of the disease, they may be induced to take action in this direction.

There can be no question but that in many Districts the European population run very grave risks of infection from their Native servants, especially of infection of their children from Coloured nursemaids. Very many such instances have year by year been brought to the notice of the Department, and many of them have from time to time been recorded in my Annual Reports, and further examples will be found scattered through the Annual Reports of District Surgeons attached to this Report. Dr. Russell, the Resident Medical Officer in charge of the Kimberley Hospital, informs me that during the last few months he has seen seven European children with Syphilis innocently acquired, five being of one family contracted from the servant maid.

A consideration of the figures given in the abovementioned returns clearly indicates that the majority of the cases of the disease do not come under treatment until far advanced. During the year 1907, of the cases of Syphilis only 193 were classified by the District Surgeon as being in the primary stage, and only 752 in the secondary stage; 1,299 were in the Tertiary stage—mostly late Tertiaries, and 821 were in the Hereditary form, *i.e.*, the disease acquired before or during birth.

The possibility of effecting improvements in the system of dealing with Syphilis has been receiving the earnest attention of the Department, and I have caused enquiries into the working of the Act to be carried out by the Assistant Medical Officer of Health and the Additional Medical Officer in a number of Districts. In this way Dr. Thornton made a very careful enquiry into the disease in Bechuanaland, with the result that it has been found advisable to partly reorganise the work in that area, so that Headmen and the Chiefs of the Native Reserves receive a small pecuniary reward for bringing up new cases and for causing old cases to continue under treatment, while the District Surgeon himself receives the reduced fee of 2s. 6d. instead of 7s. 6d. per month, the Government providing all necessary medicines. This re-organisation has been effective in bringing a very much larger number of Natives under treatment. In Taungs alone, 984 were under treatment during 1907, all except two suffering from Syphilis and almost half the number suffering from the hereditary form. It is hoped to extend this system to all portions of Bechuanaland and to other Districts in the Colony in which it is applicable. There can be no doubt that in many places the Native himself is now beginning to appreciate the value of treatment.

In the District of Kimberley, patients have hitherto been entirely treated in the Kimberley General Hospital at the total cost of Government, namely, 3s. 6d. per diem for Natives and 4s. 6d. for Europeans; but only actual paupers being sent in by Government. While, therefore, the manner of treatment is undoubtedly more efficacious than can in many cases be carried out by the District Surgeon as out-patients, it is, nevertheless, owing to the expense, only possible that a comparatively small proportion of persons, who should be brought under medical treatment, can be sent in to Hospital, all who are not actual paupers being necessarily left to provide their own medical treatment. In 1907, 322 persons were treated in the Hospital at Government expense, at a total cost of £2,960 3s. 5d. Arrangements are being made whereby all cases of Venereal disease, not under medical

treatment and unable themselves to provide such treatment, will be treated by the District Surgeon, mostly as out-patients, but those who, on account of the severity of the disease, or their very infectious condition, or for other grounds, should have Hospital treatment, will still be drafted into the Hospital. It seems necessary that, in the interests of the Public Health, a much wider basis of dealing with the disease should be adopted in Kimberley and the surrounding District than has hitherto been the case. The Government is getting complaints of Natives, returning from Kimberley to the Native Territories and the Native Districts of the Colony, spreading the disease at their homes.

The question of bringing into operation in Kimberley Part I of the Act has been carefully considered, but in view of the fact that there are comparatively few common prostitutes in the Town—the majority of women taking up with a Native during his sojourn in the place in the capacity of what is known as “Town wife”—this Part, if put into force, would not be likely to afford better powers than are already obtained under Part II of the Act.

ADMINISTRATION OF THE “LEPROSY REPRESSION ACT, 1884.”

Statistics of Lepers on the District Registers, and their Disposal.

In Annexure “D,” on Pages 89 and 90, will be found a return shewing the number of Lepers on the Registers in each District of the Colony Proper and of the Native Territories, together with the manner in which they were dealt with during the year 1907. There is very little of special interest to record regarding Leprosy during the year. In previous Reports I have dealt so fully in regard to particular aspects of this subject that it is unnecessary for me to revert to them again in this Report.

During the year there were 598 Lepers on the Registers in the abovementioned Districts, of whom 338 were males and 260 females; 368 (206 males, 162 females) were in the Colony Proper and 230 (132 males, 98 females) in the Native Territories. Of these numbers, 197 were fresh cases discovered during the year, 140 (80 males, 60 females) being discovered in the Colony Proper, and 57 (39 males and 18 females) in the Native Territories. During the year, 147 Lepers were sent to Asylums, 144 from the Colony Proper and 33 from the Native Territories, while 34 were removed from the Registers—12 by death, 13 by having absconded, 6 owing to the reported arrest of the disease and 3 as having been found not to be suffering from Leprosy. This left at the end of the year 417 Lepers still on the Registers and at large in the several Districts of the Colony and Native Territories, 234 being in the Colony and 183 in the Native Territories. These Lepers were spread fairly evenly over the different Districts, with the exception of a few in which specially large numbers existed, such as 55 in the District of Glen Grey, 45 in the District of Herschel, 85 in King William’s Town, 26 in Mount Frere, 19 in Nqamakwe, 7 in Umzimkulu, 10 in Engcobo, 17 in Idutwya, and 9 in the Cape Peninsula. In some of these Districts, as King William’s Town, Glen Grey, and Herschel, the large numbers were due to the collection of Lepers thereat pending asylum accommodation becoming available.

Numbers not under Segregation.

If the 417 at the end of 1907 be compared with the number remaining on the Register at the end of the preceding year, which was 401, it will be seen that the year’s removals from the Registers by sending to asylums, deaths and other causes, did not even balance the new cases discovered, there being 16 more Lepers on the Registers at the end of the year than at the beginning.

I have on many previous occasions expressed the opinion that we cannot hope to eradicate Leprosy from this country by segregation until we make segregation complete for all Lepers, instead of for merely a portion as has been the case ever since the Leprosy Repression Act was brought into operation. At the end of the year 1907 there were under segregation in the Asylums, 481 at Emjanyana and 651 at Robben Island, and 14 segregated locally (including Kokstad Leper Lazaretto), or a total of 1,146; that is to say, only 74 per cent. of all known Lepers were on the 31st December, 1907, actually under segregation. But the fact is even worse than this statement implies, as it is certain that there exist, especially in the Native Territories, many Lepers who have not yet been brought to official cognizance, as, while it is not possible to remove all the Lepers already on the Registers, Magistrates, District Surgeons and the community generally are not active in seeking out other cases, merely that their names may be placed on the Registers without further action being possible.

Although beyond the period covered by this Report, I may give as evidence of this, certain facts brought to light as a result of a tour of the Districts of Herschel, Kokstad (Mount Currie), Matatiele, Mount Frere and Umzimkulu made by the

Assistant Medical Officer of Health for the Colony. In these Districts he was instructed to examine all Lepers on the Registers and to see all known suspects. This was as far as was possible carried out, but many known and suspected Lepers could not be reached without too great an expenditure of money and time.

In these five Districts alone there were 102 Lepers on the Registers, and his enquiry disclosed the fact that there were 126 others reputed to be Lepers. Dr. Mitchell examined in all 134, 61 of whom were on the Registers and 73 not registered. Of this number he found 15 not to be Lepers and of the remaining 119 Lepers he considered the disease was probably arrested in nineteen of them. Thus there were brought to light more than twice the number of Lepers than were actually on the Registers, and Dr. Mitchell reported that he had no doubt that there were numbers of other Lepers at large in these Districts, with whom, owing to the brevity of his visit and to the extent of concealment carried on by the Natives, he was unable to get into touch.

It is, therefore, probable that there are at least a thousand Lepers at large of whom we have no official knowledge.

Examples of Spread by Lepers at Large.

As evidence of the need for segregation, the following interesting particulars relating to the spread of Leprosy in the Native Territories, which were gleaned by Dr. Mitchell during this tour, may be recounted. An old and reliable European resident of Umtata who had lived with his parents for many years at Lusikisiki, states that about 1848 a Hottentot with his family came to Palmton, Mr. Jenkins' Mission, from somewhere in the Colony, having been brought there by a Pondo Chief to make gunpowder. Two or three members of this family were Lepers, with mutilated fingers and toes and some with swelling of the face. He remembers none of their names except that of one of the sons, Venganya, who was a Leper. The family afterwards went to live successively at the kraals of three Pondo Chiefs—Nxuca, Cengau and Sigili. They were made much of and some of the members of the family married members of the families of these three Chiefs, several of whom, it is stated, subsequently developed Leprosy, and thus the disease spread to other members of these tribes and by intermarriage into other tribes. He now knows of 60 Lepers in the families of the Chiefs mentioned, and estimates the number of Lepers at large in the District as at least 100.

Another very interesting group of cases was discovered in the Mount Frere District, the source of infection being in this instance a Native "Doctor" (a herbalist), named Maqina, a Pondomese by birth, who came to Lutateni in the Mount Frere District from Mount Ayliff in about 1878. Maqina lived at Lutateni for a short time, where previous to his arrival Leprosy was not known to exist, but where since then four cases have occurred. He left Lutateni and went to live at Mdlamza's Kraal, Mtshazi (some 18 miles from Lutateni), stayed there for a short period and left during or shortly before 1880 for Cancele, where he died in about 1886. At Mtshazi 10 cases have since occurred and at Cancele, 3. The Natives in these places by common consent attribute to Maqina the introduction of the disease.

Form of the Disease.

It has been the custom in this Colony to class the various forms of Leprosy in three well-defined groups, viz., Tubercular, Anæsthetic (including the maculo-anæsthetic form) and Mixed (Tubercular and Anæsthetic), and, on comparing the proportion of cases in each of these classes met with in the Colony proper with the proportion met with in the Native Territories, it is a peculiar fact that in the Colony Proper the number of Tubercular and Mixed cases predominate, whilst in the Native Territories the Anæsthetic variety is by far the most prevalent. Of the 114 Lepers removed to Asylums from the several Districts in the Colony Proper during 1907, 41·2 per cent. of these were Anæsthetic cases, 21·1 Tubercular and 37·7 per cent. Mixed; while of the 33 Lepers removed from the Native Territories during this period, 75·8 were Anæsthetic, 12·1 Tubercular and 12·1 per cent. Mixed.

This excess of Anæsthetic cases was still more marked amongst the number of Lepers warranted for removal as a result of the tour above mentioned of the Assistant Medical Officer of Health, the proportion of Anæsthetic being 81·9 per cent.. Apart from these figures it is our experience that Leprosy in the Native Territories is more frequently of the pure Anæsthetic variety.

THE LEPROSY COMMISSION.

In 1902 a Commission, consisting of the Medical Officer of Health for the Colony and two other Government officials having an expert knowledge of the disease, one of whom was Dr. Robertson, the Bacteriological Assistant, was ap-

pointed by the Government to examine all Lepers before or soon after admission into Asylum. Later on, upon the recommendation of the Select Committee of the House of Assembly in 1906, this Commission was increased to Six by the addition of three private practitioners. The gentlemen appointed in this behalf were Sir Edmond Stevenson, Dr. A. E. Thomson and Dr. Mathew Hewat. This Commission visits Robben Island twice a year, on which occasions it carefully examines and reports upon (i) all new cases admitted since the date of the Commission's preceding visit, (ii) on all cases submitted by the Resident Medical Officers, either (a) as being possibly arrested, (b) in regard to whom some doubt has arisen, and (iii) on any Lepers who notify their desire to be examined by the Commission, notice of the date of the intended visit having been previously circulated among all Lepers in the Asylum.

On the occasion of the Commission's first visit to the Island, not only were the above mentioned groups of Lepers examined, but a thorough systematic inspection was made of every Leper in the Asylum, with the view to ascertaining whether there existed any who were not Lepers or, who being Lepers, the disease was sufficiently arrested to warrant their discharge. Although on this occasion the Commission visited the Island on three separate days and every Leper was commanded by the Commissioner to present himself before the Commission, a certain number nevertheless resolutely refused to shew themselves. The summary of the work of this Commission during 1907 was that it made visits on the 16th, 18th, and 23rd January, when it examined 577 Lepers and reported specially on the cases of 20, recommending 2 for conditional discharge on account of the disease having become arrested, and requesting that 18 should be brought up for further examination by the Commission on the occasion of its next visit.

It visited again, on the 3rd July, when it examined 78 Lepers and reported specially on the cases of 12, recommending 2 for discharge as arrested and requesting that 10 should be brought up for further examination at the next visit of the Commission.

It is not practicable to send this Commission to Emjanyana, inasmuch as each unofficial member draws at the rate of Ten Guineas per diem during the time he is engaged on the work, and, therefore, to send them to the Transkei would entail a very large expenditure for remuneration and travelling expenses, which would be entirely incommensurate with the results to be obtained. Therefore, the Commission attending at Emjanyana consists of Three, two of whom are Government officials well versed in Leprosy, one of whom acts as my deputy as Chairman of the Commission, and the third is an unofficial member, who is chosen for his special experience of the disease, such as Dr. Chute, District Surgeon of King William's Town, or Dr. Weir, of Engeobo. This Commission visited Emjanyana on the 24th February, 1908, and examined 258 Lepers in that institution and reported specially on the cases of 23, recommending 6 for conditional discharge as probably arrested cases and requesting that 17 should be brought up for further examination at the next visit of the Commission.

Comparing the results of the Commission visiting Robben Island and that visiting Emjanyana, it will be seen that the proportion of arrested cases was 2.56 per cent. of the total number of cases examined at Robben Island in July, and was 2.32 per cent. of the cases examined at Emjanyana. Neither Commission has discovered any case of non-Leprosy.

These results should effectually dispose of the fear that there are non-Leprous persons confined in the Leper Asylums.

In addition to these precautions, every case on its way to Robben Island is seen by the three official members of the Commission, Drs. Cox and Robertson and myself, at the Old Somerset Hospital and examined and certified before being sent over. This work entails a considerable amount of time and trouble on me, as in the course of a year it breaks into the work of a large number of days. It is, however, well worth it, if it allays any doubt in the minds of the public or of the patients as to the possibility of non-Lepers or unsuitable cases being confined.

THE INVESTIGATION OF LEPROSY AND ITS CURATIVE TREATMENT.

Much attention has been given during the year by the Department to the question of the curative treatment of leprosy. The suggestion that an expert investigator should be appointed to devote his whole time to the investigation of this disease has been made from time to time, and was one of the recommendations of the Select Committee of the House of Assembly of 1906 above referred to. As a result of that recommendation, the Government approached the Transvaal Government with a view to ascertaining whether it would co-operate with this Government in the inauguration of such Research, it being suggested that it might be

carried out, under the direction of such a scientist, simultaneously at the Asylums of both Colonies, and especially of the Robben Island Asylum and the Pretoria Leper Asylum. At that time Dr. George Turner, the late Medical Officer of Health for the Transvaal, was devoting very particular attention to the investigation of this disease, he having for a number of years personally taken over the medical control of the Pretoria Leper Asylum for that purpose, and, indeed, was living there. Dr. Turner is an expert Bacteriologist, and had already, on the occasion of the outbreak of Rinderpest in 1896-7, proved his capacity, and had earned the lasting gratitude not only of Cape Colony, but of the whole of South Africa, by his discovery and the elaboration of the method of inoculation against Rinderpest, by which the terrors of that disease as a stock-pest have been entirely annihilated. The suggestion of this Government did not, however, meet with the acceptance of the Transvaal Administration, and the matter fell through.

The appointment of anyone of sufficient scientific calibre to devote himself entirely to the investigation of a disease so little likely to immediately yield practical results, presents great difficulty, because such a scientist would not care to devote years of his life to such an enquiry when so many other avenues for investigation, just as important and more inviting, lie open to him. This was the case of Dr. Kolle, who, on the selection of Dr. Koch, was specially got out for the work in 1896. After arriving here he declined to devote himself to such a restricted subject, and resigned. In the same way, Dr. Mitchell, now Assistant Medical Officer of Health in this Department, was imported, and did spend nearly a year on the Island, which time was not, however, sufficient to enable him to make any advance in our knowledge of the disease, and he gladly transferred his energies to other fields of work. Nevertheless, there is no doubt whatever but that steady research work should be carried out, but it should be possible to do much of this by the Medical Officers on the Island working under skilled direction; but up to the present very little work in this direction has been accomplished, even in the simple but necessary matter of the accumulation of clinical and post-mortem material.

So far as this Department is concerned, every effort has been made to do what we can in this direction, and Dr. Robertson, the Bacteriological Assistant, has devoted a considerable amount of time to the work. Briefly stated, this has consisted in the treatment of a few selected cases of the disease in the wards of the Leper Pavilion at the Old Somerset Hospital. Some of these have been treated by X-Rays and Finsen Light, others by graduated injections of sterile standardised emulsions of leprosy bacilli. Although several cases have been subjected to prolonged treatment by this last means, which is based upon similar principles to the treatment of Tuberculosis by "Opsonins," it is doubtful whether any amelioration of the disease can be attributed to it; but, at any rate, certainly no evil effects have resulted.

In addition to these means, we have caused enquiries to be made into the use of Red Mangrove Bark, advocated by Dr. Duque, of Havana, and under directions for its collection courteously supplied by him, we have obtained, with the kind assistance of the Natal Government, large quantities of the bark, from which the necessary medicinal preparations have been made in this Laboratory and supplied to the Senior Medical Officer, Robben Island, for experimental use. In this way he has during the last five months used the remedy on seven voluntary patients, but he reports that he is unable to notice any improvement of the leprotic condition in any of them.

Deycke Pasha, of Constantinople, has prepared a fatty principle, which he calls "Nastine," from an organism cultivated by taking small portions of tissue from the under surface of leproma and incubating them at 37° C. in normal saline solution for several weeks. The organism grown does not appear to be the true *lepra bacillus* of Hansen. The discoverer himself says: "I am unable to say with certainty whether there are any, and if so, what generic relations between the micro-organism and the genuine *lepra bacillus*." Large quantities of Professor Deycke's organisms, stated to be a streptothrix, are grown on sterile milk, and from these the fatty principle is produced, and this, on being injected into the leper, is said to produce a reaction similar to that resulting from tuberculin in cases of tuberculosis. Professor Deycke is of opinion that the treatment will bring about either arrest or cure of the disease.

Steps are being taken to procure a supply of "Nastine" for trial on Robben Island, although there seems little reason to expect beneficial results from it.

Captain Rost, in India, also claimed to have cultivated Hansen's *lepra bacillus*, and to have effected cures with injections of killed cultures, but these experiments have not been confirmed, and the method of treatment has been officially discountenanced by the Indian Government.

Mr. Jagger, M.L.A., brought to my notice some time back an alleged cure for Leprosy by means of the bark of some shrub growing in Rhodesia, and stated to have been discovered by a gentleman who unfortunately died, leaving but very scant reference to the matter among his effects. The quantity of the bark submitted to us was minute, and all attempts to trace its botanical or common name proved futile, although the Principal Medical Officer of Bechuanaland and the Principal Medical Officer of Southern Rhodesia, very kindly made every attempt to get it identified. Since then, Mr. Jagger, through his correspondents, has kindly furnished me with a larger supply, which, however, is still of the kind incapable of botanical identification, and unfortunately insufficient in quantity to carry out any satisfactory test. It has, however, been placed in the hands of the Senior Medical Officer, Robben Island, with the request that he should use it in the manner directed by the discoverer on any patient willing to submit to it.

In addition to these, we have made enquiries regarding other alleged remedies which have been from time to time brought to our notice, but in every case they have proved to be either silly suggestions, impudent frauds, or offers to divulge the nature of an unfailing remedy, provided some sum, generally £1,000, is first paid down.

But so far Chaulmoogra Oil is the only form of treatment which has given any results, and this, if steadily persevered with in large doses, often appears to bring about a very marked improvement, especially in some tubercular cases.

DISINFECTION OF LEPERS' DWELLINGS.

During the year a printed Memorandum of Instructions has been carefully prepared for the purpose of ensuring the proper disinfection, immediately on the leper's removal, of his late residence and of any effects left therein by him. Very full directions are given for carrying out this work, which is placed upon the Local Authority of the district, or, if there be no Local Authority, then by someone appointed by the Magistrate. After its completion, the person who has carried it out is required to furnish to this Office, through the Resident Magistrate, a signed statement giving particulars of the dwelling which he has disinfected, the nature of the disinfection performed, and a list of the articles disinfected or destroyed. He also has to state what members, if any, of the leper's family were occupying the dwelling, and whether any other person therein shews signs of, or is reported to be suffering from, any disease which may be Leprosy; a printed form of certificate is for this purpose attached to the memorandum. A copy of these forms, filled in with the leper's name and address, goes forward with every warrant for removal sent to a Resident Magistrate.

NOTIFICATION OF INFECTIOUS DISEASES.

During the year steps were taken to proclaim the diseases known as Malta, Mediterranean or Undulant Fever, Epidemic Cerebro-Spinal Meningitis, Rabies, Glanders, Anthrax, and Beri-beri, to be diseases falling under the provisions of the Public Health Acts, No. 4 of 1883 and No. 23 of 1897, by which also they are made compulsorily notifiable to the Local Authority by medical men and others. At the same time the opportunity was taken to correct a singular oversight which was found to have occurred many years ago, by which Diphtheria had never been proclaimed to be a disease falling within the scope of the first of these Acts. By this omission, much of the action taken in respect to this disease in the past must have been illegal. The Proclamation proclaiming Malta Fever to be a disease under Act No. 23 of 1897 was No. 135 of the 18th March, 1907; those relating to the other diseases were No. 38 of the 24th January, and No. 140 of the 23rd March, 1908. Before any of these diseases were proclaimed, the advice of the Colonial Medical Council was sought and obtained in the affirmative.

Inasmuch as medical men and local authorities appear to be undecided as to exactly what diseases do fall under the Health Acts, and are therefore notifiable, it is desirable here to state the facts. Certain of the notifiable infectious diseases are specified in the Acts themselves, while the others have been proclaimed by the Governor under the provisions of Section 7 of Act No. 4 of 1883, and Section 27 of Act No. 23 of 1897, which make provision for this purpose. In the first-mentioned Act, only the disease of Small-pox is specified, all the remaining diseases having to be proclaimed. The diseases now falling under the provisions of both of these Acts are as follows:—

Small-pox (including "Amaas," proclaimed under Act 4 of 1883, and "Diseases resembling Small-pox," specified in Section 27 of Act 23 of 1897), Cholera, Diphtheria, Scarlatina or Scarlet Fever, Typhus Fever, Typhoid or Enteric Fever, Relapsing Fever, Yellow Fever, Puerperal Fever, Leprosy, Plague or Bubonic or

Oriental Plague, Tuberculosis, Erysipelas, Malta, Mediterranean or Undulant Fever, Epidemic Cerebro-Spinal Meningitis, Rabies, Glanders, Anthrax and Beri-beri.

All of these diseases are, therefore, notifiable, and upon being notified can be dealt with by the Local Authority under any or all of the powers conferred by those statutes. It may be added that of the above-mentioned diseases, the following also fall under the provisions of Section 38 of Act No. 23 of 1897, which provides for the refund by Government of a proportion of expenditure incurred by the Local Authority in dealing with such diseases, namely, Small-pox, Diphtheria, Cholera, Typhus Fever, Yellow Fever, and Plague. The first five of these are mentioned in the Section, and the last was proclaimed by Proclamation No. 248 of the 25th August, 1898.

Section 48 of Act No. 23 of 1897 provides that no vessel or healthy person shall be placed in quarantine on account of any contagious or infectious disease other than such as the Governor shall proclaim from time to time to be a contagious or infectious disease for that purpose. The only disease so far proclaimed under this Section is Plague, which was done by Proclamation No. 1 of the 4th January, 1899. I mention this because many Local Authorities, District Surgeons, and Medical Officers appear to be under the impression that it is legal to quarantine healthy persons in connection with outbreaks of Small-pox and Diphtheria, a procedure often carried out by them on a wholesale scale.

I may add that Syphilis was proclaimed a disease under the Public Health Act No. 4 of 1883 by Proclamation No. 209 of the 29th November, 1883, but this Proclamation was revoked by Proclamation No. 247 of the 25th August, 1898. Syphilis is specially dealt with as regards its discovery and treatment by "The Contagious Diseases Prevention Act, 1885."

The provisions of the Act requiring notification by the householder or person in charge of a case of infectious disease are practically never acted upon, except occasionally in the case of Small-pox. But in the matter of notifying these diseases, medical men frequently fail in their duty.

Under Section 29 of Act No. 23 of 1897, the Local Authority is required to report to the Medical Officer of Health for the Colony all notifications received by it from medical men, and the following is a statement of the notifications thus received during the year 1907, in the Colony Proper. As far as the Native Territories are concerned, the notifications are few, this Act only being in force in one or two of its districts, but everywhere, except in the large towns, the notification is very incomplete.

Table showing the number of notifications of infectious diseases made to Local Authorities during the calendar year 1907 :—

	European.	Coloured.	All Races.
Small-pox	37	279	316
Scarlet Fever	1,365	127	1,492
Puerperal Fever	32	35	67
Erysipelas	116	76	192
Tuberculosis	396	1,591	1,987
Typhoid Fever	1,371	811	2,182
Diphtheria	531	123	654
Leprosy	5	17	22
Malta Fever	38	20	58
Plague	5	19	24

How very incomplete this list is will be seen, by contrasting the number of notifications of Europeans with Coloured, or by comparing it with the numbers notified in the comparatively small and healthy area of the Cape Peninsula, where the work is much more thoroughly carried out, and each week an official summary of the notifications made to the Local Authorities is drawn up by the Department and published in the *Gazette*. The following is a statement of these summaries for the year :—

Return of notifications of Infectious Diseases in the Cape Peninsula during the calendar year 1907 :—

Local Authority.	Small Pox.		Scarlet Fever.		Puer-peral Fever.		Erysi-pelas.		Tuber-culosis.		Typhoid Fever.		Diph-theria.		Leprosy.	
	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.
Cape Town	2	11	337	49	6	6	12	5	129	330	37	31	74	31	1	..
Woodstock	1	175	14	1	3	13	2	24	53	26	11	25	2	1	1
Green and Sea Point	53	2	1	...	3	...	20	7	12	2	10	...	...	...
Maitland	10	...	...	...	...	...	2	9	4	...	6	...	...	...
Mowbray	50	4	...	...	3	1	12	18	8	1	3	5	...	...
Rondebosch	15	4	...	...	...	...	4	8	7	3	5	2	...	...
Claremont	1	34	2	1	...	1	...	6	32	15	6	11	7	...	...
Wynberg	3	93	16	...	...	5	2	8	42	20	8	10	6	...	...
Kalk Bay-Muizenberg	13	1	...	...	...	...	1	5	1	...	...	1	...	...
Simon's Town	8	...	...	...	...	...	...	...	2	...	...	...	...	...
Glen Lily, Fairfield and Parow	9	2	...	...	...	...	...	...	...	...	...	...	...	...
Cape Divisional Council	27	1	1	2	1	1	5	90	36	79	13	4	...	...
Total	2	16	824	95	10	11	37	12	211	591	168	141	157	58	2	1

PLAGUE.

During the year there was no appearance of Plague at any of the Seaports of the Colony, but a severe, although a not very extensive, outbreak took place at King William's Town, which led to the occurrence of cases in the surrounding district, and in the neighbouring districts of Stutterheim and Cathcart.

The areas of Port Elizabeth and East London, where cases had not very long before existed, were kept under systematic observation by Inspectors acting under Dr. Rees and Dr. Anderson, the District Surgeons, respectively, of these places, but nothing indicative of a recrudescence of the disease came to light.

The outbreak at King William's Town was discovered in April, 1907. During the past five years there have been three distinct outbreaks at King William's Town. The first of these was discovered on the 7th March, 1903, the infection being believed to have been introduced from East London by infected rats in goods or in railway trucks conveying goods brought up from East London, where the disease was then in progress. The Government thereupon took in hand the disinfection of the town. Between this date and the 16th November, 33 cases occurred, of whom 19 were Europeans (12 males and 7 females); 12 Natives (11 males and 1 female); one a coloured male, and one Asiatic male. Of these cases, 16 died, a number of the latter cases being, indeed, only discovered after death. Those discovered during life were treated in a Plague Hospital, which was erected and equipped by the Government for the purpose. The outbreak was preceded and accompanied by a very severe epizootic among rodents, which centred round a dilapidated and insanitary building known as the Market Buildings, the property of the Town Council, and which the Government Plague Medical Officer, who was also at the time Acting Medical Officer of Health to the Municipality, condemned unless certain structural alterations were made. The Council, however, decided to demolish the buildings out of hand, and thereupon claimed from the Government compensation amounting to £1,286. Payment of this amount was refused, but the Municipality, by dint of pressing, obtained a compromise, the Government paying £800 in full settlement of the claim. The total cost of this outbreak to Government, including this claim, was £10,695 5s. 9d.

The second outbreak occurred in April, 1905, after a period of eighteen months, during which no further Plague infection of any kind was discovered. It is practically certain that the infection was again introduced from a store in East London, where Plague was once more in progress. On this occasion the rodent infection centred round some rat-infested stores in the neighbourhood of the Market Square, and it was not until September, 1905, that the last Plague-infected rodent was found. During this period, 11 cases, with 6 deaths, occurred, namely, 2 European males, 1 coloured male, 1 Asiatic male, 6 Native males and 1 Native female. On this occasion, the patients were removed by special railway coach to East London for treatment in the large Government Plague Hospital at that place, which was running fully staffed in connection with the outbreak, which, as already stated, was then in progress there. The total expenditure on this outbreak amounted to £3,253 3s. 7d., the whole of which was borne by Government.

An interval of nearly eighteen months now intervened without any discovery of infection, until on the 22nd April, 1907, when the outbreak now being reported upon was first brought to light. On this occasion there was no evidence of the disease

having been introduced from elsewhere, but it appeared to have been a recrudescence of infection left after the preceding outbreak in certain insanitary premises in Smith Street, used as a Native Lodging House and Coffee House, which enquiry now elicited had been overlooked in the cleansing operations by the executive officer in charge of the preceding outbreak. While all the surrounding premises had been gone through at that time for rat infestation and dealt with, these particular ones appear to have been omitted. Moreover, during the interval which followed that outbreak, owing to negligence on the part of the Municipal officials, the grossly insanitary state of these premises was not reported to the Council, nor was the fact, that a fresh outbreak of Plague was occurring on these premises both in man and rodents, discovered by them, this fact only being brought to light by the District Surgeon performing a post-mortem examination upon a Kafir who had died under suspicious circumstances at the house.

During the outbreak, 25 cases occurred, 10 of these taking place within the Municipality, 8 in the surrounding district, 2 at Wartberg Mission Station in the Stutterheim district, and 5 at Cathcart.

The last known "Plague infected" rat was found in King William's Town on the 28th November, 1907. There is no suspicion that any rodents were attacked outside of the Municipal area. Again the Government dealt with the outbreak, cleansing the infected portion of the town, and treating the cases as they arose. The expenditure in dealing with the outbreak, together with the cases in the surrounding districts, was also again borne by the Government, and amounted to £1,468.

For the purpose of dealing with the outbreak, Dr. Thornton, the Additional Medical Officer in this Department, was, immediately on its notification, detached from the office and placed in charge of operations, which he single-handed successfully carried through, tracing and discovering the fugitive cases and those others originating from them in the surrounding districts. Dr. Thornton deserves the greatest credit for the manner in which he carried through this work, and especially for the way in which he prevented serious outbreaks in the surrounding areas, which, but for his prompt action, would have occurred. Work of this kind entails the careful investigation and tracing out in all their connections of a very large number of cases of illness that eventually prove to be of no importance.

It is worth while to direct attention to the economic value of the improved methods gradually evolved as the result of experience and of employing an experienced Plague official in dealing with such outbreaks. This shews itself not only in the greater efficiency and more lasting effects obtained, but also in the saving of expenditure. This is well displayed in the following tabular statement of the three King William's Town outbreaks:—

1903 Outbreak.—March, 1903, to November, 1903: 33 cases, supervised by temporary Medical Officers, with occasional inspections from the Head Office; cost £10,695.

1905 Outbreak.—April, 1905, to September, 1905: 11 cases, supervised by temporary Medical Officer, but frequently inspected by trained expert from the Head Office; cost £3,253.

1907 Outbreak.—April, 1907, to November, 1907: 25 cases, supervised entirely by the Additional Medical Officer detached from the Head Office for the purpose; cost £1,468.

It is only fair, however, to mention that on each occasion the general sanitary condition of the Municipality was left permanently improved, so that there was less to reform on each subsequent occasion. This fact has been notably reflected in the marked reduction of the general death rate of the municipal population.

But these King William's Town outbreaks are of greatest interest from the epidemiological point of view.

In the first place they illustrate the "seasonal variation" of the disease, the period of which has been demonstrated to be practically constant in all of the outbreaks which we have had to deal with in this Colony. It will be seen that in each of the above-mentioned outbreaks it has extended between March or April and September or November. These months are, of course, not the actual months of beginning and ending, as the outbreak is never discovered immediately on its commencement, but only by the time it has gained a hold on the rodent population; but it is certain, from facts in our possession, that in each of the above cases the disease had not been many weeks in progress before its discovery. Also the dates given as that of its cessation are really beyond the time of its continuance, inasmuch as these are the dates when the last carcasses of plague rodents were discovered, but for many weeks prior to that no live infected or freshly dead plague rats had been found, and each succeeding week the carcasses found were becoming

progressively older, until at last only mummified ones were discovered. Therefore the date of cessation of active spread may safely be put at about July or August in each case. In each of these outbreaks the last human case in the town sickened, respectively, on the 3rd June, 1903 (but a solitary detached case occurred in a neighbouring location later than this, on the 15th November, 1903), the 15th June, 1905, and the 5th July, 1907.

The next point of interest is the intimate part played in the outbreak by rodents. They have in fact been nothing more than outbreaks of an epizootic disease in rats, which during its course has incidentally been communicated to man, mice, cats, and even a monkey*—presumably in most cases by the intermediary flea.

In this connection also there is the interesting fact, which I think from the evidence we gathered at the time was beyond dispute, of the conveyance of the infection by rodents in articles of merchandise from an infected place to the hitherto healthy one of King William's Town.

But by far the most valuable lesson in the etiology of the disease is furnished by a consideration of the clean cut series of cases, which, by spreading from man to man, arose in connection with a fugitive case from King William's Town. This series is so important, and the facts connected with it are so clear and uncomplicated by extraneous circumstances, that I propose to describe it in some detail.

As the result of a circular that had been issued asking employers of labour to report to the Plague officials in the event of any of their employees being sick or absent from work under suspicious circumstances, the Manager to the Railway Cartage Contractor in King William's Town reported to Dr. Thornton, towards the end of July, the fact that two of his native "boys," who had been working for him for years, had suddenly disappeared, and that it was rumoured amongst their friends that one of them was sick and that the other had died from Influenza—which was, as a fact, then exceedingly and epidemically prevalent in the district. Dr. Thornton thereupon made enquiries, and ascertained that these natives lived at Izeli Location, some twelve miles distant from King William's Town, and, as soon as he discovered this, he proceeded there on the 2nd August. On arrival he found that a most suspicious outbreak had been in progress, five deaths having occurred in one family during the preceding few weeks; one of these had just died, and on post-mortem examination was found to have been suffering from Pneumonic Plague.

The first case (No. 1 of the series), a Kafir male, aged 32 years, who had been working for the cartage contractor in King William's Town, had visited a certain store, just outside what was believed to be the Plague rat area, on 23rd June, 1907, and then had proceeded out on a holiday for the week-end to his home in the Izeli Location. He became ill the following day, and died on 5th July, 1907.

Investigation subsequently proved the above-mentioned store to be very badly infected with Plague rodents, and there is little doubt but that the patient became infected there.

This case was nursed by his aunt (Case 2), a Kafir woman, aged 62, who became ill on the 8th July, and died on the 13th.

The next case was a Kafir male, aged 58 years (Case 3), father of the first case and brother of the second case. Hearing that his sister was ill, he left King William's Town on or about the 9th July, and nursed his sister during her illness; he became ill himself on the 14th July, the day after his sister's death, and died on the 20th July. While he was sick he visited a certain notorious old witch-doctor, aged 60, living in the same location, which is an extensive one, but in a different kraal; the witch-doctor promised to cure him if he was given as a fee a blue goat: this fee was paid. After receiving treatment, the patient returned to his hut, but, finding that he was no better, again dragged himself across to see the witch-doctor. The latter then said that his fee had not been sufficient, but that he would complete the cure if he was given a blue cow. After a delay of a few hours, this also was paid, and the witch-doctor smeared the patient's feet with dung and ashes, and bade him return to his kraal. This he did, but died, as above mentioned, on the 20th July.

A few days after administering this treatment, namely, on the 18th, the witch-doctor himself became ill (Case 4), and died with symptoms of Pneumonia on the 25th idem.

* An interesting incident during the epizootic was the infection of a pet monkey: this was kept loose in one of the large stores in the Market Square and was highly valued by its owner. When Plague rodents were first found in the vicinity the owner was warned that unless the monkey was removed from the area it would be likely to contract the disease should the rodents in the store become infected. Within a few days freshly dead Plague infected rodents were discovered in the store and it was noticed that the monkey appeared sick; within a few hours it died of Septicæmic Plague, the diagnosis being bacteriologically established after a post-mortem examination had been made.

The witch-doctor was nursed by his daughter, aged 35 (Case 6), who in turn became ill on the 27th July, and died on the 2nd August, just before Dr. Thornton's arrival at the Location. This was the case he examined post-mortem and found, as above mentioned, the disease to have been Plague. He at once caused precautions to be taken in the kraal, and no further cases occurred there.

On enquiry, however, he discovered that the wife of Case 3, the brother above mentioned who died on the 20th July after treatment by the witch-doctor, had left the Location on the 22nd of July after burying her husband. She was Case 5, a Kafir aged 54, and was believed to have gone to her brother's kraal at Dubu's Location—about 18 miles away. Dr. Thornton at once hurried there, and found that she had arrived on the 22nd, sick, and had died with the same symptoms as the others on the 26th, and on enquiry he found that this woman's brother, aged 60, had made up his mind after her death to go into King William's Town and report to the authorities that members of his sister's family had died under suspicious circumstances, which he believed was due to poisoning, but that, on his way in, he had been suddenly taken ill and had been admitted to the Grey Hospital. Dr. Thornton at once returned to town, and on enquiry at the Grey Hospital found that this patient had been admitted on the 30th July for Pneumonia, and had died on the 1st August, and was then in a coffin and about to be buried by his friends. The body was at once seized, and a post-mortem examination held, when death was found to have been due to Pneumonic Plague (Case 7). After this no further cases occurred either in the Izeli Location, Dubu's Location, or the Grey Hospital, doubtless owing to the prompt precautions which were taken.

Some uncertainty, however, was felt as to the movements of the Wife (Case 5), while on her way from Izeli to Dubu's Location, and every effort was made to ascertain where she had been, but, for the time, without success. But on the 20th August, the Medical Officer received an intimation that there had been cases of suspicious sickness at the Wartburg Mission Station in the district of Stutterheim, some thirty miles distant in the opposite direction to Izeli, and that the sickness was believed to have been brought from the district of King William's Town. On enquiry it was found that the District Surgeon at Stutterheim had seen one of the patients, and had diagnosed the disease as Pneumonia. Not feeling satisfied, Dr. Thornton proceeded to Wartburg to investigate, and on arrival found one of the patients dead, on whom he held a post-mortem, and again proved the disease to be Pneumonic Plague (Case 11): he ascertained the following history connecting it with the Izeli cases:—

A Kafir female, aged 62, residing at a farm "Izinyorka"—a Location midway between King William's Town and Izeli—had accompanied the wife, Case 5, who died on the 26th July, to Dubu's Location on the 22nd July, and had assisted in nursing her. Becoming ill on the 1st August, this woman left Dubu's for her home at Izinyorka. She, however, became too bad to reach there, but remained at a halfway Location in a hut by herself. After a few days, on the 5th August, her friends obtained a wagon, put her into it, and sent her home, but she died *en route* the same day, with pneumonic symptoms, and was buried on the farm (Case 8).

While at the hut this patient was nursed by a Kafir female, aged 35, who resided on the same farm. When the patient died, she became frightened, and left for the Mission Station at Wartburg on the 10th August, where she arrived sick, and died at Wartburg on the 14th (Case 9).

Case 9 was nursed at Wartburg by a Kafir female, aged 65, who in her turn became ill on the 18th August, and was, as has been stated, seen by the District Surgeon of Stutterheim, who considered that she was not a case of Plague, but was suffering from Pneumonia; she died on the 21st, and was the Case 11, whose body was examined post mortem by the Plague Medical Officer, as already mentioned.

Further enquiry at Wartburg elicited the fact that a Kafir male had accompanied Case 9 to Wartburg and had slept in the same hut with her on the 9th and 10th August at her home and at Wartburg. He had left the Mission Station on the 11th, intending to proceed to his own home at Cathcart, but had been taken ill on the way and was believed to have been placed in a hut by the wayside (Case 10). As it was imperative for Dr. Thornton to return to King William's Town, he took all precautionary measures necessary at Wartburg, and the Resident Magistrate, Cathcart, was instructed by telegram to cause the District Surgeon at that centre to take all necessary precautions and to report.

On the 26th August, Dr. Thornton received a telegram from the Resident Magistrate, Cathcart, to the effect that there were a number of suspicious cases in the Cathcart Location, and he accordingly proceeded to Cathcart, and then found that the patient, Case 10 above mentioned, had died on the wagon *en route* on the

14th August, and was taken to the Cathcart Location, where a post-mortem examination was held by the District Surgeon, who erroneously diagnosed the disease to be simple Pneumonia, and therefore took no steps to disinfect the hut in which the post-mortem was held, or any other precautions.

Dr. Thornton also found that three Kafir females were sick in the hut to which the body had been brought, and where the post-mortem examination had been held, and also one Hottentot male, aged 60, in an adjoining hut. The Hottentot male had sickened on the 21st August with Pneumonic Plague (Case 12), one Kafir female, aged 40 (Case 13), on the 24th, with Pneumonic Plague, another Kafir female, aged 5 years (Case 14), on the 26th, with left Inguinal Bubonic Plague and Secondary Pneumonia (not Plague), and the other Kafir female, aged 50 (Case 15), on the 27th August, with Left Femoral and Inguinal Buboos. These four patients were removed to a temporary Isolation Hospital and recovered, with the exception of Case 13, who died on the 2nd September, a post-mortem examination being held, proving the diagnosis of Plague to be correct. Cases 14 and 15, which lived, were also proved bacteriologically.

The points of importance in this series are the following:—

- (a) The disease in the ten cases from Nos. 2 to 11, at least, was due to spread direct from case to case.
- (b) All except two of the fifteen cases were decided Pneumonic Plague.
- (c) The rapid and extensive dissemination of this form of the disease to those coming into close contact with the infected, as in nursing attendance.
- (d) The period elapsing between the death or last association with the patient before the "contact" himself sickened, which in cases Nos. 2 to 7 inclusive was three, one, one, two, two, four, six, five, one, and four days, respectively.
- (e) The rapidly fatal termination of the disease. Out of thirteen Pneumonic cases only one recovered, the others dying from two to eleven days after onset, the average being about five days.
- (f) The group of four cases at Cathcart which acquired the infection in the hut to which the body of case No. 10 was brought and post-mortemed on the 15th August. The four cases sickened on the 6th, 9th, 11th, and 12th days after. Of these cases the two last were Bubonic, in both, the Buboos being Inguinal (but one with an associated Femoral). The two Pneumonic cases may be explained by the inhalation of Plague-infected dust after the drying up of the liquids spilt from the post-mortem, which of course was carried out on the ground on which the inmates slept; but the two Bubonic cases would appear to be only explainable on the theory of infection through fleas, bugs, or other body vermin with which the hut swarmed, although the possibility cannot be excluded of direct inoculation with infected matter through a breach of skin surface.
- (g) The ease with which Pneumonic Plague may be mistaken for Common Pneumonia. Thus cases Nos. 1 and 3 were reported by the friends as Inflammation of the Lungs. Case No. 7 was received into the Grey Hospital as Enteric, but afterwards certified on death as Pneumonia. Case No. 11 was diagnosed during life by the District Surgeon of Stutterheim as Pneumonia, and case No. 10 as Pneumonia, after post-mortem dissection by the Acting District Surgeon of Cathcart. All of these medical men were on the look out for Plague.

The following return gives in tabular form the particulars of these fifteen cases:—

No. of Case.	Initials.	Race.	Sex.	Age.	Date of Onset.	Type of Disease.	Date of Discharge or Death.	Source of Infection.
1	T.	Kafir	M.	32	24-6-07	Pneumonic	Died 5-7-07	Rat - infected store in King William's Town. Case 1.
2	N.K.	"	F.	62	8-7-07	"	" 13-7-07	
3	N.	"	M.	58	14-7-07	"	" 20-7-07	
4	P.	"	M.	60	18-7-07	"	" 25-7-07	
5	U.	"	F.	54	22-7-07	"	" 26-7-07	
6	B.	"	F.	35	27-7-07	"	" 2-8-07	
7	N.	"	M.	60	30-7-07	"	" 1-8-07	
8	G.	"	F.	62	1-8-07	"	" 5-8-07	
9	F.	"	F.	35	10-8-07	"	" 14-8-07	
10	F.G.	"	M.	20	11-8-07	"	" 14-8-07	From infected hut in which case 10 was post-mortemed.
11	S.T.	"	F.	65	18-8-07	"	" 21-8-07	
12	J.	Hottentot	M.	60	21-8-07	"	Discharged 16-9-07	
13	L.	Kafir	F.	40	24-8-07	"	Died 2-9-07	
14	M.	"	F.	5	26-8-07	Bubonic	Discharged 8-10-07	
15	M.	"	F.	50	27-8-07	"	" 8-10-07	

TUBERCULOSIS.

In this report I need hardly allude at any length to the prevalence of Tuberculosis in the Colony. I have so frequently and so fully in previous Annual reports dealt with this subject, that there is little fresh to state regarding it, more especially in view of the fact, already alluded to on an earlier page, that we are now without any statistical information of the mortality from this or other causes, owing to the absence of any reliable populations on which to work. So far as the actual deaths recorded are concerned, there has been during 1907 a diminution in the number of deaths registered from this disease. Thus, the total deaths registered from Tuberculosis, for Europeans and Coloured, in the sixty chief towns in each of the years 1904, 1905, 1906, and 1907 were as follows:—

	Deaths from All Causes.			Deaths from Tuberculosis.			Proportion of Deaths per 1,000 of all Deaths from Tuberculosis.		
	European.	Coloured.	All Races.	European.	Coloured.	All Races.	European.	Coloured.	All Races.
1904	3,654	8,876	12,530	401	1,542	1,943	109·74	173·73	155·07
1905	3,384	8,766	12,150	339	1,545	1,884	100·18	176·25	155·06
1906	3,214	8,716	11,930	337	1,571	1,908	104·85	180·24	159·93
1907	2,926	7,758	10,684	314	1,369	1,683	107·32	176·46	157·52

From this it is seen that, although the total number of deaths from this disease has been steadily diminishing, the reduction has only been at the same rate as the reduction in the number of deaths from all causes; indeed, the relative proportion of Tuberculosis has slightly increased among the Coloured deaths; the diminution is, therefore, probably due only to the decrease in the populations of these towns, which, as I have already shown, has taken place since 1904.

If reference be made to the annual reports of District Surgeons, abstracts of which are printed in Annexure "A," it will be seen that, as in the past, these Medical Officers are almost unanimous in their statements regarding the severe and increasing extent to which the disease prevails among the Native and Coloured populations in the Colony Proper, and the serious menace which it is to these races and to the population of the Colony as a whole. The accuracy of these reports is borne out by the information obtained by the Medical Officers of this Department when engaged on inspection duty.

BOVINE TUBERCULOSIS.

Much attention has been directed during the year to the occurrence of Bovine Tuberculosis in the Colony, and especially to its occurrence in dairy cattle, and the extent to which milk supplies are affected. At the present time enquiries are being conducted to ascertain this by the systematic examination of samples of milk supplied from different dairies for sale. So far it has only been possible to carry this out in the Cape Peninsula, and here only to a comparatively small extent; but it is intended to carry out the examination of a fixed number of milks in the Laboratory as a regular thing until all the dairies have been tested.

Although not falling strictly within the period covered by this report, I may mention that, with the limited number already examined, the milk from four separate dairies has been found to contain tubercle bacilli, in one of these cases to an enormous extent. In each case information was forthwith given to the Government Chief Veterinary Surgeon, who at once caused the cattle of each of the dairies to be tested with Tuberculin, and those reacting to be destroyed under the provisions of Act No. 16 of 1906. It is a noteworthy fact that in the case of the two cows in the dairy from which the milk so loaded with bacilli was derived, they showed on post-mortem no noticeable affection of the udders, although this was most carefully looked for, the udders being sliced into small pieces. The bulk of the Tuberculosis in dairy cattle occurs in the dairies of the Western Province, although there is no doubt that it exists to a large extent in stall-fed cattle in many parts of the Colony, especially in the large urban centres, as is expected to be demonstrated when the examination of milk samples is extended to urban areas throughout the Colony, as it is hoped before long to be able to do. It may be mentioned that it is often in the stabled cow, kept by some well-to-do person in order to ensure for his family a perfectly pure milk supply, that the disease is present.

In my report for 1905, I was able, by the courtesy of Mr. William Robertson of the Colonial Veterinary Department, and who is now Director of the Veterinary Laboratories at Grahamstown, to include a report by him on the subject of the prevalence of the disease among dairy cattle in the Peninsula, and in that report

he estimated that over sixty per cent. of the dairy cattle were affected. In giving this opinion, Mr. Robertson only had his own personal experience to go upon, but since then the "Animals Diseases Act Amendment Act," No. 16 of 1906 has come into operation, which provides for the testing, by inoculation with Tuberculin, of any animals which have been in contact with tuberculous animals, or are liable to be infected, and under these powers a good number of inoculations have been carried out under the authority of the Chief Veterinary Surgeon, who informs me that, in the Cape and adjoining Divisions, as the result of such inoculations, a percentage of 19·6 of the animals tested was found to re-act, and such cattle were slaughtered. The percentage for the Cape District was 54·9; for Stellenbosch 4·2; for Paarl 15·7; and Malmesbury 10·7. In every case Tubercular lesions were found on post-mortem examination.

I understand that the Veterinary Department intends to apply for more complete powers for testing with Tuberculin, and that it is hoped by means of quarantining cattle and placing restrictions on the moving of cattle in and out of quarantined areas, to stamp out the disease. Personally, I am of opinion that the most effective means for arresting the disease will be found in the making of improvements in the stalling and care of milch cows. In the cow, as in the human subject, Tuberculosis is largely a domiciliary disease.

ADMISSION OF TUBERCULOUS PATIENTS INTO GENERAL HOSPITALS

Much consideration has recently been given by the Boards of General Hospitals in the Colony, and especially in the Peninsula, to the admission of Tuberculous patients, and a very exaggerated idea of the extreme infectiousness of the disease appears to have arisen. The governing bodies of the Peninsula Hospitals in November, 1907, made representations, by a deputation to the Minister, urging the Government to take steps to relieve the Hospitals of the necessity of admitting such cases by providing sanatoria for the treatment of Phthisis, which they held should not be admitted into a general hospital, both for the reason that they occupied beds which could be more advantageously used for patients suffering from diseases less chronic and more amenable to treatment, and that they constituted a serious menace to the other patients by the dissemination of infection. The Minister expressed his fullest sympathy with the governing bodies of the Hospitals in this matter, but felt that it is impossible for the Government to undertake to bear—and, indeed, it would be unreasonable to expect it to do so—all the cost of the treatment of Tuberculosis; it recognised the duty of the State to provide for the care of Phthisical paupers, and, as far as possible, to assist with measures for withdrawing Consumptives from surroundings in which there was grave danger of the spread of infection to the healthy, but under the provisions of the Public Health Acts the latter duty is placed upon the Local Authorities to carry out under the powers therein given to them.

At the proposed Alexandra Hospital (the foundation stone of which was some years ago laid at Oude Moelen by Their Royal Highnesses the Duke and Duchess of Connaught, but for the erection of which no funds have yet been available) it is intended to provide accommodation for paupers suffering from advanced Tuberculosis, but pending this the Government has no accommodation available in the Peninsula except such as can be provided in connection with the Old Somerset Hospital, and for this purpose twelve beds, three each for males and females, European and Coloured, are at all times reserved for the reception of indigent persons suffering from advanced Phthisis and living under conditions liable to spread the disease, and who are willing to be removed to the Hospital. The availability of this accommodation was notified to all Local Authorities, who were asked to at once inform the Medical Officer of Health for the Colony of the particulars of any such cases coming under their notice. But, so far, very few cases of the kind have been presented, and, few as the number of beds are, it has not yet been found necessary to refuse a case. Apart, however, from such admissions, a not inconsiderable number of paupers suffering from advanced Phthisis are admitted to the Old Somerset Hospital through other channels.

That as a rule cases of Phthisis *qua* Phthisis are not suitable for treatment in general hospitals is clear, on account of their chronicity and the little benefit they derive, but I cannot but think that the danger of the spread of infection in general hospitals by the admission of Tuberculous cases has been exaggerated. To the layman unacquainted with the very great differences in the degrees of infectivity and of the conditions under which infectious material is given off, and which are necessary to its preservation and conveyance after being given off, but little distinction is often made between one infectious disease as compared with another; the fact that a disease is infectious is enough for them. Therefore, many persons

have conceived the notion that a case of Phthisis admitted into a hospital is as dangerous as, say, a case of Small-pox. As a matter of fact, however, as pointed out by Dr. Bulstrode, "the disease would appear to possess the lowest communicability of any of the infectious diseases."

No objection is made to the admission of cases of Enteric Fever into general hospitals; but if hospital experience of the spread of Enteric with that of Tuberculosis be compared, it will be seen how very much more infectious is the former. Thus, during the years 1892-1905 there were admitted into the Hospitals of the English Metropolitan Asylums Board 9,327 cases of Enteric Fever, and during that time there were no less than 185 cases of infection of the Staff, including Nurses, Ward Maids, and Servants, or a proportion of two to every hundred cases admitted. It could not in this instance spread to other patients under treatment, inasmuch as only Enteric cases are admitted to these wards, but I think it is within the experience of most of us to know of patients admitted for some other disease having acquired Enteric Fever in the wards of a general hospital. On the other hand, the experience of large hospitals for Consumption shews, with ordinary precautions, how little danger there is of the spread of infection. In Dr. Bulstrode's work above mentioned, he quotes the case of the Ventnor Hospital for Consumption, where between the years 1881 to 1902 at least 15,500 Tuberculous patients were treated, but among the staff during this time only three persons appeared to have acquired the disease after commencing employment in the hospital, although several cases occurred among the staff in which infection had been acquired before joining the hospital.

In a properly constructed and administered general hospital, the admission of Tuberculous patients should be no source of danger whatever either to the other patients or the staff.

THE PREVENTION OF TUBERCULOSIS.

During the year much attention has been given by public bodies to the consideration of the best means of combating the spread of the disease. It has formed the subject of discussion and been embodied in resolutions by Medical and Municipal Congresses, and has received the attention of some of the individual Municipal Councils. During the year, deputations on the subject have waited upon the Minister, chiefly with the view to advocating the appointment of a Commission to enquire into the whole subject, and to recommend the establishment of sanatoria by the Government.

In urging these things, the far more important one of Local Authorities exercising their statutory powers to bring about improvement in the dwellings and the domestic sanitation of the population under their charge appears to be lost sight of.

With regard to the appointment of a Commission, it is difficult to see in what way such a body could be expected to obtain more information than is at present available. This information is not complete, but it is more than sufficient to indicate the extent of the danger and the portion of the community mainly affected, and the main causes of its spread. All available statistical information, all reports by District Surgeons and Medical Officers who have been year by year circularised on the subject, are already printed in the annual Blue Books.

As to the provision of sanatoria, this is still the subject of anxious study in European countries, and has recently, at the instance of the English Local Government Board, formed the subject of an exhaustive report by Dr. Bulstrode, one of its Medical Officers, after an enquiry covering several years. The matter has also been heatedly debated at the different International Congresses on Tuberculosis, and notably at that held in Paris in October, 1905. It is generally admitted that treatment in sanatoria is a measure which is of some use in combating the disease, but a very large number of reliable authorities maintain that the effect of sanatoria is of secondary consideration as compared with that of other measures, and on all sides the opinion is held that sanatoria to be of effect must take the patient in the very earliest stages, with the object of effecting a cure. So far as advanced cases are concerned, sanatoria can have little effect beyond affording relief to the sufferer until the end is reached. After the most elaborate and judicial consideration of the whole subject, Dr. Bulstrode holds judgment in suspension. In Germany, which is the home of the Sanatorium system, it is carried out by means of the State scheme of universal compulsory workmen's insurance by Friendly Societies, and it arose in the main by the action of these Societies in taking measures for protecting their funds against the calls of ill-health of their members. In England, for practical purposes, as a system it has not come into operation, and yet the mortality from Tuberculosis in England is steadily diminishing, owing, as it is generally believed, to improved hygienic and other conditions

of life. At any rate, between 1871 and 1906 the death rate per 10,000 of the population from Phthisis has diminished from 23·4 to 11·5, and during that period no special measures were being taken for the reduction of the disease, certainly none were taken prior to 1901, in which year it was 12·6. It cannot be too strongly insisted upon, as has been done again and again in these reports, that it is in the dwellings of the people, and especially of the poor and Native and Coloured portions of the population, that the measures for combating the disease chiefly lie. Given proper dwellings, with the absence of overcrowding, and with domestic cleanliness and abundance of air and light, then with the taking of the most simple precautions in the case of those actually tuberculous, the general prevalence of the disease would be found to speedily diminish, if not vanish.

The sanatorium, in the form in which it is now generally advocated, is a place where the patient can as far as possible live and sleep in the open air, and this simple principle is mainly the principle of the healthy dwelling. In this Colony we are not hampered by climatic conditions, by extreme cold and damp, such as necessitate in most of the European countries during a portion of the year a confined form of dwelling, nor have we the great congestion of the population existing in European centres. Therefore, the problem, both of prevention and cure, should be a comparatively easy one could we but educate the people to it. I fear, however, they will require a lot of educating.

SMALL-POX.

There is little to record in connection with the prevalence of Small-pox or the carrying on of Public Vaccination during the year 1907. There was, however, a considerable prevalence of Small-pox in the Native Territories, and the more purely Native districts of the Colony, although the Colony, apart from these districts, was somewhat freer from the disease than usual.

The total number of outbreaks during the year in the Colony Proper was 111, with 419 cases, and in the Native Territories 122 with 680 cases, making a total of 1,099 reported cases for the year, of which 60 cases, all coloured, proved fatal. Of these 60 fatal cases, 59 were unvaccinated and 1 was returned as pre-vaccinated.

In April, 1907, the disease broke out in the Komgha district, and, despite every effort, was not eradicated until December, owing chiefly to the laxity of the Native population in reporting the disease and in maintaining the isolation of the persons infected. Some 90 cases in all occurred, including 11 Europeans. Dr. Thornton, Additional Medical Officer to the Department, visited the district, and arrangements were made for the systematic vaccination of the entire native population by specially-instructed Lay Vaccinators working under the supervision of the District Surgeon; this scheme was duly carried out, and altogether 11,679 persons were vaccinated during the year. Extensions of the disease occurred in the neighbouring districts, chiefly those of King William's Town and East London. In the former 19 outbreaks with 40 cases occurred and in the latter 12 outbreaks with 107 cases.

A serious prevalence of the disease also occurred in the Kentani and Mqanduli districts in the Native Territories, 328 cases occurring in the two districts. Systematic vaccination of the population was carried out in the case of both.

During the year the sum of £4,622 2s. 7d. was paid to Local Authorities by Government as proportionate refund under Section 38 of Act 23 of 1897 in respect of Small-pox and Diphtheria outbreaks, the amount in respect of Diphtheria being, however, merely fractional. A considerable portion of this expenditure was in respect of outbreaks during the preceding year. According to the returns furnished by Resident Magistrates, the total expenditure in dealing with Small-pox in the Colony and Native Territories during the year was £3,281, of which amount £3,184 was incurred by Local Authorities.

PUBLIC VACCINATION.

Vaccination was carried on as actively as the funds available would permit. The total number of persons vaccinated during the year was:—

Colony Proper	72,434
Native Territories	94,386

Details of these will be found in Annexure "E," table 2, page 92.

The total expenditure incurred on vaccination, apart from the manufacture of Vaccine Lymph, was £2,271, of which £1,377 was spent in the Colony and £894 in the Native Territories.

ENTERIC FEVER.

The exact extent to which Enteric Fever prevails it is impossible to accurately

gauge, as many more cases occur than are ever reported or known of, especially amongst the Coloured population. This is mainly due to the fact that the greater number of Coloured people, especially in the Native districts, do not obtain medical aid when they are sick; indeed, very many Europeans also pass through the disease without seeking medical advice. A large portion of the recorded mortality in young adults from Diarrhœa and from so-called "Fever," as well as from Influenza, is undoubtedly due to Enteric Fever. But even when medically attended, the disease is often not diagnosed, owing to either the medical man not being able to see the case sufficiently frequently, or to the anomalous type the disease often assumes in South Africa, or sometimes because the medical man holds some special views of his own concerning cases which do not conform to the mental picture of the true disease which he has set up as a standard. In my experience very extensive outbreaks of the disease have been missed by medical men.

From the cases notified during 1907 under the provisions of Section 29 of "The Public Health Amendment Act," a comparison may be made with former years, and from this the year 1907 was, like the previous year, characterised generally by its unusual prevalence. In this year, 2,182 cases, of which 1,371 were Europeans and 811 Coloured, were certified as compared with 2,037, comprising 1,392 Europeans and 645 Coloured, in 1906. In 1905 only 1,541 cases were notified.

In Cape Town during 1907, 68 cases were notified, as compared with 87 in 1906, while in the Cape Division the figures for the year were 309, as compared with 270 in 1906.

The greatest prevalence of the disease commences usually in October and steadily increases thereafter until the end of January, when it declines and reaches its minimum during the month of June.

The Wesselton Mine Outbreak.

In December, 1907, a severe outbreak of Enteric Fever began amongst the employés at the Wesselton Mine, Kimberley. The first three cases occurred on the 17th December, five more appearing during the remainder of the month. 42 more cases were discovered during January, 1908, and 12 during the first three weeks of February. The total number of cases was 62, of whom 8 were Europeans and 54 Natives. Of the 8 Europeans, 4 died, and of the 54 Natives, 23 died. All the cases occurred in persons employed in, and living on, the Mine property. The Natives on the Mine are housed in four Compounds, the population and number of cases in each Compound being as follows:—

<i>No. of Compound.</i>	<i>Population.</i>	<i>No. of Cases.</i>
1	2,222	28
2	1,205	13
3	524	5
4	636	8

The symptoms of the first cases were not very defined, but immediately the nature of the disease was recognised, the outbreak was carefully investigated by Dr. A. W. Reid, Health Officer to the Kimberley Board of Health. He concluded that the cause of the disease lay in something common to the inmates of all four Compounds, and he found that the milk, ginger-beer (of which the mine boys consume extraordinarily large quantities) and other food supplies could be eliminated with certainty, and, therefore, suspicion at once fixed on the water supply. This is derived from springs in the Mine from the water-bearing strata, about 60 feet below the surface, tapped by sets of branch tunnels, which lead the water to two collecting basins, formed by cement dams, thrown across main tunnels. From these basins the water is conveyed in pipes laid along the tunnel floors to a reservoir, from which the water is pumped to the various parts of the Works and to the Native Compounds and dwellings of Europeans on the Mine property. The ground surface above the tunnels was found to be littered with faecal matter. For some weeks, until the 3rd January, 1908, when they were stopped, gangs of Natives, about 120 in all, had been at work extending and repairing these tunnels. Dr. Reid ascertained that during these operations strict rules had been in force to prevent contamination of the water, and also that, as far as could be ascertained, none of the Natives engaged in them had had, at the time, Enteric Fever or any illness suspicious of it, the last known case amongst Natives on the Mine having occurred in February, 1907, in a boy who had left the Compound in the following July.

Twelve samples of water from the main tunnels and the streams and wells, comprising all possible sources of drinking water on the Mine, were taken and forwarded to this Office by Dr. Reid for investigation, and chemical and bacteriological examinations were made in the Public Health Laboratory. All the samples,

with the exception of two, taken from a well in the Mine floors, were found to be polluted and unsafe for drinking purposes, the chemical and bacteriological results—which were obtained by different observers working entirely independently of one another—showing a striking consistency.

There could be no doubt that the water supply had become specifically contaminated, possibly by percolation from the polluted surface soil, but most probably by excreta from one or other of the Natives who had been working in the tunnel, either whilst convalescent from the disease or recovered, but still excreting the bacillus, or even at the time suffering from a mild attack.

As soon as the water supply was suspected, Dr. Reid, in conjunction with the Mine Authorities, who throughout were most energetic, took all precautions; the system of pipes was disinfected by passing steam into them in sections, and some of them were taken up and new ones laid, and on the 17th January the water from the Mine source was entirely discontinued, the pipes being connected to the general supply of the town, obtained from the Vaal River. If the pollution of the drinking water was only a chance and transitory one, these waters should in time again become safe, and it has been recommended that fresh samples from them should be forwarded, after an interval, for further examination, and before the question of reverting to their use for drinking purposes is considered. This the Mine authorities agreed to do. After the discontinuance of the Mine water supply, allowing for an interval for the usual incubation period of the disease, the epidemic almost completely stopped, only one or two cases occurring thereafter, who appeared to have contracted the disease from other patients.

Other Outbreaks.

Another outbreak, which occurred in the area of the Swellendam Divisional Council, was specially investigated by the Assistant Medical Officer of Health for the Colony. This was a more or less circumscribed outbreak, and was due to the pollution of a water furrow leading from the Buffelsjachts and Appelsbosch Rivers past a number of farmhouses in the district. Dr. Mitchell traced the pollution to the infected clothes of a Typhoid patient in Swellendam, which had been sent to the vicinity without being previously disinfected and had been washed in the furrow. The furrow was cleaned out and the further washing of clothes in it stopped, and the outbreak subsided.

Another outbreak which deserves mention is that which occurred at Knysna. On various occasions in past years there have been epidemics in this district, concerning the real nature of which considerable diversity of opinion has existed amongst local medical practitioners. It was variously diagnosed as Epidemic Cerebro-Spinal Meningitis, Influenza and Epidemic Pneumonia. In 1904 the Doucama part of the district was infected, and the disease was considered by the then District Surgeon to be Cerebro-Spinal Meningitis. Many of the cases were described as having a more or less marked Pneumonia, particularly in the later stage of the illness. The other medical practitioner in the town regarded the disease as being primarily Influenza, accompanied by a toxic form of Pneumonia. Several *post-mortem* examinations were held, and specimens were forwarded to this Office, but no final decision as to the nature of the disease could be arrived at. In all there were 70 cases with 17 deaths. The outbreak was entirely confined to Coloured persons.

In December, 1906, the disease recrudesced at Sour Flats, but on account of the anomalous symptoms the disease was again not at first recognised. From a description, however, of the cases, suspicion that the disease might be Enteric was aroused, and the District Surgeon was accordingly requested to procure samples of blood from the patients, and when these were examined they gave positive reactions by Widal's method. Many of the later cases were clinically typical of Enteric Fever, and there is little doubt but that this is really the disease which has broken out so often in this district.

During this outbreak most of the patients were Europeans. 34 of the patients were isolated—most of them in temporary hospitals—and 15 of them died. No satisfactory evidence was forthcoming regarding the source of infection, but it would seem to be fairly clear that most of the cases were infected one from another.

The population of this district is a particularly poor and ignorant one, being mostly woodcutters, living from hand to mouth, and exceedingly neglectful of the ordinary rules of cleanliness and sanitation. Many are Coloured and half-castes. The Divisional Council, which is the Local Authority responsible for dealing with outbreaks of infectious disease, is also poor, owing to the fact that while it has to supervise the health of the entire district (excluding, of course, the municipal area) it derives no revenue from the greater portion of it, which, being Crown Land

and Forest Reserve, is not rateable. Hence, it is difficult to get any systematic measures adopted by the Council, but, during the height of an outbreak, a good deal of scare expenditure is undertaken, which, later on, the Government has had to defray.

On Robben Island.

The frequent occurrence of Typhoid Fever on Robben Island is also worthy of special notice. For years past dropping cases of the disease have continued to occur, with the peculiarity that they are nearly all among patients or attendants at the Male Lunatic Asylum or in persons identified with it. The following return demonstrates this:—

Case No.	Initials.	Sex.	Age.	Race.	Date of Onset.	Date Notified.	Occupation.
1	P.	M.	Adult	E.	14-1-03	31-1-03	Male lunatic attendant.
2	B.	M.	"	E.	22-1-03	31-1-03	" "
3	H.L.	M.	12	E.	?	6-3-03	School boy.
4	C.S.	F.	13	E.	?	6-3-03	School girl.
5	W.W.	M.	Adult	C.	21-2-03	6-3-03	Convict.
6	W.D.	M.	8	E.	?	24-4-03	School boy.
7	L.O.	F.	8	E.	?	24-4-03	School girl.
8	B.C.	F.	15	E.	?	24-4-03	"
9	S.L.	F.	Adult	C.	?	8-4-03	Female lunatic.
10	A.J.	F.	"	C.	?	8-4-03	"
11	D.E.	F.	"	C.	?	8-4-03	"
12	E.N.	F.	"	C.	?	25-4-03	Servant.
13	J.O.D.	M.	"	E.	7-6-03	27-6-03	Male lunatic attendant.
14	J.P.	M.	"	E.	?	14-11-03	?
15	J.B.	M.	"	E.	?	14-11-03	?
16	H.W.O.	M.	7	E.	?	14-11-03	School boy.
17	R.C.	M.	?	E.	?	14-11-03	?
18	J.F.	M.	20	C.	17-2-04	2-3-04	Convict.
19	N.N.	M.	39	C.	4-8-04	?	Male lunatic.
20	W.F.	M.	43	C.	19-8-04	?	"
21	?	M.	?	C.	?	9-04	"
22	?	M.	Adult	E.	?	2-2-05	Male lunatic attendant.
23	?	M.	"	E.	?	2-2-05	"
24	B.	M.	"	E.	19-2-05	4-3-05	"
25	H.C.	M.	"	E.	26-2-05	11-3-05	Male Lunatic Asylum.
26	J.W.M.	M.	"	E.	27-2-05	?	"
27	E.L.L.	F.	8	E.	4-3-05	18-3-05	School girl.
28	E.H.	M.	Adult	E.	2-5-05	13-5-05	Male lunatic attendant.
29	R.L.	M.	"	E.	18-5-05	17-6-05	Constable.
30	A.P.	M.	"	E.	15-1-06	27-1-06	Male Lunatic Asylum.
31	J.D.	M.	"	C.	17-3-07	4-5-07	Convict.
32	S.S.	M.	"	E.	17-5-07	25-5-07	Male Lunatic Asylum.
33	Mrs. W.	F.	"	E.	21-5-07	1-6-07	Housewife.
34	A.D.B.	M.	"	E.	27-5-07	8-6-07	Male lunatic attendant.
35	F.W.G.B.	M.	"	E.	26-6-07	1-7-07	Convict guard.
36	A.D.	M.	"	E.	4-8-07	6-8-07	Male lunatic attendant.
37	G. McN.	M.	"	E.	30-1-08	12-2-08	" "
38	C.	M.	"	E.	13-3-08	24-3-08	" "

The establishments on the Island are very badly off from the sanitary point of view, owing to their being no general drainage system, but certain of the older buildings have underground drains of their own, which discharge into the sea below the "village." Among these buildings is the Male Lunatic Asylum, which possesses a system of drains, old, defective, running under the buildings and in unknown places, and, in fact, having all the faults which the ignorance in drainage matters of a former generation was capable of committing. This system has been condemned by me again and again as a menace to the inmates of the building, and more recently by the Engineers of the Public Works Department. Some two or three years ago designs for the complete sewerage of the Island were prepared by that Department, but as it depended for its carrying into effect upon an increased water supply and involved a considerable expenditure, nothing has so far been done, except to augment the water supply. As the section of the scheme belonging to the Male Lunatic Asylum could be carried out separately, and, as it could probably be done for a moderate expenditure, I am strongly of opinion that it should be undertaken without delay.

Instances have not been uncommon in which the continued occurrence of Enteric Fever among the inmates of Lunatic Asylums has been traced to the existence among the inmates of a "Typhoid Carrier"—that is a person who has entirely recovered from an attack of Enteric Fever some long time back, but continues to propagate and excrete in his stools multitudes of the bacillus. With the

often filthy habits of lunatics the presence of such a person is obviously specially dangerous in any Asylum. In order, therefore, to eliminate such a possibility in the case of the Robben Island Male Lunatic Asylum I caused to be carried out an examination of the bloods of patients, attendants and others connected with it, and especially of those dealing with its food supplies. Accordingly, the Senior Medical Officer obtained and transmitted to the Public Health Laboratory specimens from the 49 employés, 28 patients and 3 convicts who worked at the Asylum, but these gave negative results when tested for Typhoid, showing that the prevalence of the disease in the Institution was not likely to be due to a carrier infecting the water or food supplies in it.

PREVALENCE OF UNUSUAL DISEASE IN THE DISTRICT OF WODEHOUSE AND IN THE NATIVE TERRITORIES.

In connection with the above account of the occurrence of Enteric Fever, I may appropriately deal with the epidemic prevalence in the Wodehouse district and many parts of the Native Territories, of a disease which has been variously diagnosed by medical men as Enteric Fever, Epidemic Cerebro-Spinal Fever, Epidemic Pneumonia, Influenza, Scarlet Fever and Typho-malaria Fever, while some decline to give it a name at all.

Towards the end of the year, the District Surgeon of Wodehouse reported what he believed to be an epidemic of Cerebro-Spinal Meningitis occurring in his district, and, as the Additional Medical Officer was at the time in the neighbourhood, he proceeded to Dordrecht to investigate, and from there to Indwe, where the disease appears to have originated. Inquiry showed that there had been a large number of cases in the Indwe Municipal Location earlier in the year, which at first had been considered to be Influenza. The disease had thence spread to the Location adjoining the Dugmore Mine, which is just outside the Municipal area, and the Additional District Surgeon, who is also Medical Officer to the Colliery Company, soon had a large number of cases under treatment. He then himself took ill, though he did not at the time associate his illness with the cases he had been treating. The disease in the Dugmore and Municipal Locations continued to spread, especially in the former, and severe outbreaks also occurred in various Locations in the district, in most of which the first case was one who had come from the infected Locations at Indwe. Altogether, in the Wodehouse district, some 400 or 500 cases appear to have occurred, with about 70 deaths. It was one of these secondary outbreaks which was reported by the District Surgeon of Wodehouse as being Cerebro-Spinal Meningitis.

The Additional District Surgeon at Indwe regarded the outbreak as Influenza until September, when he submitted some specimens of blood to the Laboratory, and ascertained that they gave a positive re-action with Widal's test; he then considered the disease to be Typhoid. The Medical Officer who had been sent up to investigate, after seeing a number of the cases and holding *post-mortem* examinations, also came to this conclusion, the diagnosis being supported by Laboratory tests. There were, however, a number of curious features connected with the outbreak: the cases were very atypical, the infection unusually wide-spread and very commensal, the mortality was somewhat high, and, further, all ages were attacked. Moreover, it was the wrong season of the year for Typhoid, and in a certain number of cases Widal's test did not give a positive re-action.

A certain number of the cases undoubtedly did present Cerebro-Spinal symptoms, and, in a *post-mortem* examination on one of these cases, pus was found in the meninges and spinal canal. This pus, on bacteriological examination, was found to contain Fraenkels diplococcus.

Similar outbreaks were also reported in the districts of Mount Frere, Tsomo, Tsolo, Cofimvaba, Qumbu, Maclear, Elliot, Cala, Mount Fletcher, Mount Ayliff and Engcobo. At Mount Frere, Cofimvaba, Elliot and Qumbu the disease was diagnosed by the District Surgeons as Influenza, at Tsolo variously as Enteric and Influenza, at Tsomo, Maclear and Cala as Enteric, at Engcobo as Typho-malarial Fever and at Mount Fletcher and Mount Ayliff variously as Scarlet Fever, Enteric and Influenza. The symptoms were mainly the same, especially in the severe cases, namely, headache with delirium, pain between shoulders and lumbar regions, loss of power of arms and legs, considerable tenderness to the touch over the whole body, and pains on movement, sore throat, tongue furred and fissured, constipation in most cases, although in some severe diarrhoea, fever about three weeks, usually ending in lysis, but occasionally in crisis; most of the cases had bronchitis, some definitely pneumonia; abdominal signs mostly absent, but enlargement of spleen common; the only sequelæ of any importance was œdema of the legs due to thrombosis, though this appears to have been more prominent in some districts than in

others. Nearly all the cases on recovery had desquamation from the hands and feet and parts of the body of a very fine furfuraceous scale, which was quite different from that of Scarlet Fever.

The Assistant Medical Officer of Health for the Colony also investigated the outbreaks at Indwe and at Mount Fletcher and Mount Ayliff, and he expressed doubts as to whether the disease at the two latter centres was Enteric Fever. It appears probable, however, that the disease at Indwe, at any rate, and those districts which were infected from Indwe was Enteric Fever, though in an atypical form. Regarding the other outbreaks no positive opinion is possible.

Personally, although sceptical of a new form of disease, I retain an open mind. Some years ago I saw, in the King William's Town, Victoria East and Stutterheim districts, a large number of cases of an anomalous character, which was then extremely epidemic among the Natives in certain parts. It was characterised by attacking all ages from infants to the very aged, intensely infectious, but evidently requiring intimate association, being rampant in one Location, while an adjoining one would be free, attacking all the inmates in one hut or kraal, while the inmates of neighbouring huts escaped. A Native woman, after attending on her brother, who died of it in one Location, returned to her own kraal in another Location several miles away and where no cases had occurred, and soon after her return conveyed the disease to her own husband and her child, who both died, the deaths occurring within a few hours of one another. Incubation period from 6 to 10 days, onset sudden, rapid rise of temperature to 103° - 4° F., severe headache, pain in back, sometimes sore throat, extreme prostration, delirium, sometimes coma, all within a few days of onset; constipation, skin dry, no rash, no abdominal symptoms, spleen sometimes enlarged but not always, no marked lung symptoms; duration of disease a fortnight to three weeks, convalescence slow and marked by extreme debility; mortality very high, probably (in that outbreak) about 30 per cent. of cases. I saw a number of *post-mortems*, but there were no Typhoid lesions, except in one case not seen during life. Many blood cultures were made both by me and in the Grahamstown Laboratory, but they were nearly always sterile; but on one or two occasions a coccal growth resulted. Widal's test was not then in use. Neither I nor Dr. Mitchell, who was associated with me, could give the disease a name, nor could others. Nor when later on a similar outbreak in these districts was investigated by Professor W. J. Simpson, could he name it, although he was inclined to believe it to be Influenza.

MALTA FEVER.

The subject of Malta Fever naturally follows the above account of Enteric Fever in the Colony, as there is no doubt that for many years it has been in this country confounded with that disease, and that even at the present time many cases of it are being either diagnosed as Typhoid Fever, Malaria or Rheumatism. In my last Annual Report I gave some account of this disease, and especially information as to its geographical distribution in the Colony. There is little that is new concerning it for me to record as having taken place during the year 1907.

In the Circular calling for the annual reports by District Surgeons, a copy of which will be found printed in Annexure "A," District Surgeons were particularly asked to furnish information on the subject of the occurrence in their respective districts of Malta Fever, but their reports contain very little information regarding it. Even in some districts where we have knowledge of a number of cases having occurred during the year, no mention is made of the subject.

The District Surgeon of Prieska reports that there were about 10 or 12 cases during 1907, most of them taking place during the period when cows' milk was unobtainable, owing to Lungsickness among the cattle, the milk supply then being only from goats.

Also, in Murraysburg, the District Surgeon reports that Malta Fever was exceptionally prevalent on the farms in the district.

At Warrenton, it is stated there were a few cases during the early part of the year.

In Beaufort West, the District Surgeon states that Undulant Fever is certainly on the increase.

But the most notable account is given by Dr. O'Reilly, District Surgeon of Hopetown, who himself contracted the disease. He mentions having had some 28 cases under his notice, a blood examination of many of them corroborating his diagnosis. He states that the disease occurs only during hot weather; attacks both white and coloured, and that in one household both father and mother and three children suffered from the complaint. Both in his own case and that of some of the others, no evidence was forthcoming of goats' milk having been consumed, and he advances the theory that a species of mosquito was the infecting agent, and that possibly the same insect infects goats.

As already stated, Malta Fever was proclaimed a notifiable disease under the Public Health Acts by Government Notice No. 135 of the 18th March, 1907, and under these provisions cases of the disease are gradually being brought to light. During 1907, the following cases were notified to Local Authorities, and reported to this Office:—Namaqualand, 7; Kenhardt, 1; Prieska, 3; Victoria West, 1; Beaufort West, 7; Murraysburg, 28; Hopetown, 6; Graaff-Reinet, 1; and Somerset East, 3; and since the beginning of the present year an increasing number are being reported.

It will be noticed that the districts in which notifications have been made agree exactly with the geographical distribution given in my last Annual Report.

Some very interesting information regarding the disease will be found on page 139 of the Annexures, recorded by Dr. Robertson in his report of the work of the Laboratory during the year. It will be seen that 75 specimens of blood were forwarded for examination, of which no less than 33 gave a positive reaction with *Melittensis*.

In connection with the opinion of the District Surgeon of Hopetown, just quoted, that the disease is not always spread by the use of goats' milk, and suggesting the agency of the mosquito, Dr. Robertson's statement is of interest that "it is rather peculiar that a number of the medical men who sent bloods which gave a positive reaction, stated that their patients had never to their knowledge drunk goats' milk. In some cases the history of the spread of the disease seems to point to some other method of infection in addition to the accepted one of drinking goats' milk. Dr. Heinrich, of Murraysburg, who has encountered a number of cases of Malta Fever in his practice, is strongly inclined to believe that parasites, such as fleas and bugs, may play some part in carrying infection from one person to another." I may add to this that, in the course of a conversation I had with Dr. Heinrich, he very strongly held the view that some local infecting agent other than goats' milk often existed, and he stated in support of this view that he had seen the disease start in certain cottages and gradually spread through the entire row. Dr. Heinrich has promised to furnish me with a full report of his views and the evidence on this matter. On the other hand, it will be noted that several of the other District Surgeons are clear as to the source of infection being frequently goats' milk; and this is borne out by the District Surgeons of Murraysburg and Prieska, above quoted, as to the extreme prevalence of the disease on farms. Also, as I mentioned in my previous report, the geographical distribution of the disease is mainly confined to those districts in which the common goat from which milk is obtained is chiefly run.

Dr. Robertson in his report alludes to a very interesting case reported by Dr. Garow, of Steytlerville, who sent him specimens of the blood of a patient and of a sick Angora goat. Both gave an unquestionable reaction of Malta Fever. It appeared that the patient, a farmer and breeder of Angora goats, had a short time previously two of his goats sick, one of which died. On this goat he performed a post-mortem, and shortly afterwards he developed the illness, which was diagnosed as Malta Fever and, as stated, verified by examination in the Laboratory. No blood was sent from the goat which he post-mortemed, but the reaction obtained from the other sick goat justifies the inference that the one that died was also suffering from the disease.

It is worthy of note that the possibility of the disease being spread by mosquitos, and of being acquired by inoculation, has more recently been advanced by Dr. J. W. H. Eyre, in his Milroy Lectures on "*Melittensis* Septicæmia."

Dr. Robertson also examined during the year 41 samples of goats' milk, taken in the different districts of the Colony where Malta Fever is common, but he only obtained a positive reaction in the case of three; but in ten milks sent up by Dr. Strachan from Philipolis in the Orange River Colony, from goats believed to be responsible for a large outbreak in that district, positive reactions were obtained in all of them.

SCARLET FEVER.

During 1907, Scarlet Fever occurred in epidemic proportions in many parts of the Colony; the disease was, however, generally comparatively mild in character, although in this respect it was of a severer type than has in past years been met with in South Africa, the general experience being that in this country the disease is not of that importance as in Europe, although here and there severe cases with serious complications do occur.

The recognition of this disease, owing to its mildness, and its notification are both very imperfectly effected, and hence our returns do not disclose the real extent to which the disease has prevailed throughout the Colony.

In the Cape Peninsula, however, where a long and severe epidemic has been in progress, the records are much more accurate in respect of Europeans, although here, also, they are of little value as far as coloured persons are concerned.

From these records we find that, during the calendar year 1907, under report, no less than 824 cases among Europeans were notified, but only 95 among the coloured. Of the European cases, 19 died, and of the coloured, 4. From this it is pretty evident that only the severer cases among the coloured are brought to light.

With the view to tracing the course of this epidemic in the Peninsula, I have examined the statistics up to date and subjoin the notifications made during each Quarter from the 1st January, 1907, to the 30th May, 1908 :—

Period.				Europeans.		Coloured.		All Races.		Case Mortality Per cent.
				Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Quarter ended 30th March, 1907	...			71	2	11	...	82	2	2·4
Do. 29th June	...			138	1	18	...	156	1	0·6
Do. 28th September	...			305	11	35	2	340	13	3·8
Do. 28th December	...			310	5	31	2	341	7	2·0
Do. 28th March, 1908	...			159	3	27	...	186	3	1·6
Do. April to May 30th	...			160	3	45	1	205	4	2·0
Total	...	...		1,143	25	167	5	1,310	30	2·3

From the above Table it will be seen that the maximum incidence of the disease occurred in the September and December quarters of 1907, both for Europeans and Coloured, the total for those quarters being, respectively, 340 and 341, as compared with 82 in the first quarter of 1907 and 186 in the first quarter of 1908. It is possible that the epidemic has not yet spent itself, as in the month of May it has given evidence of increasing again, to possibly reach its seasonal maximum about August to November.

The total case mortality was 2·3. The case mortality was lowest in the second quarter of the year, 0·6, and highest in the third quarter, July to September, when it was 3·8; but no absolute reliance can be placed on rates founded upon such a small number of events as those of the different quarters.

The Effect of Compulsory Isolation in an Infectious Diseases Hospital.

A study of these figures is of interest as affording some information as to the value of compulsory isolation in a Fever Hospital.

In the Peninsula, there is no isolation accommodation whatever in the area of any Municipality except that of Cape Town, which possesses a well equipped Municipal Fever Hospital on the Green Point Common, and, therefore, in Cape Town, every effort has been made to enforce the isolation in this Hospital of all cases considered by the City Medical Officer of Health not to be under sufficient isolation at home. The numbers isolated were at one time so great as to necessitate the Council acquiring a separate building in the town specially for the isolation of overflow cases of Scarlet Fever. This procedure has naturally entailed a very considerable expense, inasmuch as a very large proportion of the cases, I am informed, are unable to defray the cost of their maintenance in the Hospital, and the Council very wisely does not deem it desirable to press for payment.

If the effect of compulsory isolation in a Fever Hospital is of advantage, then it should display itself by a reduction during this long period of seventeen months in the number of cases in Cape Town as compared with the other Peninsula Municipalities, but the figures afford no strong evidence of this result. Taking the 1904 Census populations, which, although incorrect, are probably equally incorrect for all of these areas, we find that, in Cape Town, there were notified during the period of seventeen months abovementioned, 428 European cases and 81 Coloured cases, giving a case incidence on the respective populations of 0·97 and 0·24; whereas for the combined Municipalities from Woodstock to Wynberg (Woodstock, Maitland, Mowbray, Rondebosch, Claremont and Wynberg) 578 European cases and 76 Coloured were notified, giving a case incidence on the populations of 1·11 and 0·25.

If we compare the case incidence of Woodstock alone, which as far as its being largely an industrial population more nearly approaches that of a large part of Cape Town, we find that the respective incidence was 1·06 for Europeans and 0·40 for Coloured. The numbers of cases in the other Municipalities separately are too small to enable reliable individual rates to be worked out for them.

Too much stress must not be placed on these figures one way or the other, inasmuch as there are numerous sources of error, as for example, the prevalence of the

disease may be greater, or greater energy in seeking out cases may be displayed in one area as compared with another, or at one time as compared with another time, or on the other hand more systematic disinfection and preventive measures at the homes of the patients may be carried out by the Local Authority, which is probably the case in Cape Town, which possesses an energetic whole-time Medical Officer and a well-organised Sanitary Staff. But, on the whole, the figures do not lend much support to the efficacy of the isolation of Scarlet Fever in Fever Hospitals as a measure diminishing the spread of the disease. And this is the experience which is gradually gaining ground among Medical Officers of Health in the Old Country, it being held by many that, during epidemic prevalence of the disease in a community, very little effect is obtained from compulsory isolation in Fever Hospitals, and that this measure is only of benefit in dealing with sporadic cases of the disease in a community at the time comparatively free from it.

CONCLUSION.

I cannot close without referring to the work of the Staff. A large portion of the preceding report has dealt with the administrative work performed by this Department, and, as such, is an account of the manner in which each member of the Staff has performed his share. Although the name of the Medical Officer of Health for the Colony is frequently used, it really stands not alone for the work of the officer who bears that title, but represents the united results of the individual efforts of all the members of the Staff, both technical and clerical, from the senior to the most junior, without whose co-operation my own power of performance would be but slight. It is right that this fact should be fully recognised. I can say without hesitation that, whatever opinions may be held by the public of the work of Civil Servants in the abstract—and I know this opinion is not always as appreciative as it should be—the Public Service does not possess a body of men more zealous, hard-working and, each in his own sphere, more capable than those who form the personnel of this Office. Where everyone has performed his share of the work of the Department thoroughly and well, it would be invidious to specially mention any by name.

I have the honour to be,

Sir,

Your obedient servant,

A. JOHN GREGORY,
Medical Officer of Health for the Colony.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "A."

SUMMARY OF THE ANNUAL REPORTS OF DISTRICT SURGEONS AND ADDITIONAL DISTRICT SURGEONS UPON PUBLIC HEALTH AND SANITATION OF THEIR SEVERAL DISTRICTS DURING THE YEAR 1907.

Extract from Circular instructions dated 5th December, 1907, calling for Annual Health Reports:—

The following are the matters which *inter alia* the District Surgeon should treat of, and in reporting on any sanitary defects that exist and their remedy, he should state the length of time they have continued and the steps, if any, taken by the Local Authority concerned to remove them.

- (a) The condition of the water supplies, especially as regards their purity both at source and on delivery, their sufficiency, the existence of any causes likely to lead to pollution, either at source or during storage or delivery, and the steps which should be taken for bringing about improvement.
- (b) Sewerage and drainage.
- (c) Sanitary accommodation of dwellings and the collection and disposal of night-soil, slop-water and household and other refuse.
- (d) The conditions under which clothes-washing and laundry work is carried out.
- (e) Overcrowded dwellings and dwellings unfit for human habitation and congested areas. The efficiency of the Regulations and the manner in which they are enforced for ensuring the healthiness and sanitary arrangement of new buildings.
- (f) Slaughter-houses and public abattoirs, butcheries, bakeries, dairies and the carrying on of other trades affecting health.
- (g) The sale, storage and preparation of human food, and the means adopted for the detection of unsound or unwholesome meat and other food.
- (h) The keeping of cattle, swine and other animals.
- (i) The water supply, removal and disposal of night-soil, general sanitation and good order of any Native Location or Camp of Natives under the control of any Local or other Authority within the district.
- (k) Cemeteries and burial grounds.
- (l) The abatement of nuisances generally.
- (m) What hospital accommodation exists in the district for the isolation and treatment of cases of infectious disease, its nature, extent, and to what local authority it belongs.
- (n) The health and sanitary condition of Schools and School Boarding-houses, if any, with special regard to their sanitation, sanitary accommodation, lighting, ventilation, water supply and general cleanliness, the health of scholars and particulars of any arrangements for their medical inspection and for dealing with mental and physical defects and for preventing the occurrence and spread of infectious disease among them.
- (o) The presence or spread of infectious disease, especially Enteric Fever, Diphtheria, Small-pox or other epidemic disease of importance. The account of any outbreak should include information as to its situation; dates of its discovery and commencement, and of the discovery and discharge of the last case: source of infection and how conveyed; number of persons attacked, with the number of deaths (distinguishing as far as possible between European and Coloured, adults and children), and the steps taken, with their effect, to suppress the disease, the isolation of the sick, the surveillance of those exposed to the infection, and under whose authority the steps were taken, *i.e.*, the Divisional Council, Municipality, Village Board, Resident Magistrate, or by any of these combined, and in this connection it should be particularly stated whether the "Local Authority" has, in the District Surgeon's opinion, done all things necessary or possible for preventing or suppressing such outbreaks, and, if not, in what respect omissions have occurred.

With regard to outbreaks of Small-pox, the cases should be classified into prevaccinated and unvaccinated, with the number of deaths in each class. Where vaccinated cases have occurred, it should be stated whether the operation was done prior to the exposure to infection or not, and also, if possible, the degree of success accompanying the operation. Information should also be furnished as to the steps taken for carrying out vaccination and re-vaccination, with their effect on the outbreak.

With regard to vaccination, it is requested that the fullest account of the amount of success that has been obtained in the performance of the operation should be given.

Also in the case of outbreaks of Enteric Fever the probable cause of the outbreak, especially with reference to contaminated water, milk or food supplies should be discussed.

(p) The District Surgeon should also furnish any information or particulars available regarding the occurrence in his District of:—

- (1) Tuberculosis. (2) Syphilis. (3) Epidemic Cerebro-Spinal Meningitis. (4) Malta, Mediterranean or Undulatory Fever. (5) Bilharzia Hæmatobia. (6) Seurvy. (7) Epidemic Pneumonia. (8) Puerperal Fever. (9) Entozoa Disease. (10) Anthrax.

COLONY PROPER.

ABERDEEN.—DR. H. C. BEDFORD, DISTRICT SURGEON.—Water-supply has been improved by sinking a borehole in the Outspan Square, putting up a windmill and erecting a cement tank with an iron roof for the use of the public; water troughs for animals have also been erected, so that the dam on the Square, which was a nuisance to the neighbourhood, will be done away with. Sanitary removal system unchanged. Clothes are washed in certain parts of the river, but when the water becomes unfit for use, furrow water is used; in many instances washing is done in yards; this should be prohibited. Overcrowding is not allowed; hire rooms are frequently inspected, and if found overcrowded are cleared out; surprise night visits should frequently be made by the Municipal Inspector, and after one warning compulsory prosecution should follow in every case of overcrowding. The Municipality have at present under consideration a plan for erecting public abattoirs outside the town. The Sanitary Inspector attends the market and inspects the meat before sale. The Native Location belongs to the Dutch Reformed Church, and is under the control of the Kerkeraad; there is neither water-supply nor any special sanitary arrangements. The number of pigeons allowed to fly about the streets constitutes a nuisance; the majority of householders depend on rain-water from the roofs for drinking purposes; a Regulation should be framed by which the nuisance could be done away with. The Poor School is overcrowded and insufficiently ventilated; the School Board have failed to obtain a site for a new building. Three cases of Enteric Fever notified during the year and 1 of Puereral Fever; there was an epidemic of Influenza, which caused 3 deaths, and was no doubt responsible for other fatalities; I expect there will be an increase in the number of cases of Consumption, the origin of which will be dated from the attack of Influenza. No public vaccination was performed, except in the gaol.

ADELAIDE.—DR. CHARLES T. HOLMES, DISTRICT SURGEON.—Polluted water-supply unchanged; Council desire to improve it by deviation of pipe line and construction of filters, but Government declines to sanction installation of Candy Filters, and have only approved of scheme so far as deviation of pipe line was concerned; Treasury, however, could not advance loan, consequently whole matter remains in abeyance. Night-soil deposited in cesspits; no means of removing slops or refuse; Regulations dealing with sanitary removals have been promulgated, and Council are now considering ways and means of carrying out a dual pail removal system. Slaughter-houses pretty much as last year; in two of them floor has been cemented. There are still dwellings in the "Block" which are overcrowded. Location is fairly clean; water-supply unchanged; no latrines. Enteric cases last year: 12 European, 8 Native; deaths from Enteric, 1 European and 2 Natives; Diphtheria, 1 case; 4 cases Phthisis notified; sharp outbreak of Measles during October and November, about 200 cases, of which 6 proved fatal. Births, European 35, Coloured and Native 65; deaths, all races, 75. District fairly free from Syphilis. Two cases of Fever running an irregular course have occurred; one gave positive agglutination test for Malta Fever, the other was negative, although the symptoms were very much alike in the two cases. The principal sanitary needs of the town are a filtered water-supply and a public abattoir.

ALBANY.—DR. J. B. GREATHEAD, DISTRICT SURGEON.—Since the completion of the "Milner" and "Jameson" Reservoirs at Slaai Kraal the water-supply has been plentiful, though the Grahamstown authorities have not yet seen their way to make it constant; the water is clear, but has a peaty, brownish discolouration; it has not been proved injurious to health; filter beds are often discussed by the Town Council, and in March last the local branch of the British Medical Association passed a Resolution strongly urging upon the Authorities the necessity for "pro-

perly constructed filter beds at Slaai Kraal and the cleansing of the present system of pipes by frequent flushing"; as yet these filter beds have not been provided. The streets are well drained for storm-water, and in many parts the river beds have been paved to prevent stagnation. Bucket system in use for night-soil, and licensed carts provided; this acts well; slops and refuse removed by private arrangement. Clothes washing and laundry work are carried out within the town, but under the supervision of the Sanitary Inspector. No overcrowded dwellings or dwellings unfit for human habitation have come under notice. The laying on of a water-supply to the slaughter-houses is a recent improvement. The Dairy Act is not in force, though the medical men of the City have strongly urged its advantages. The keeping of cattle is permitted to the extent of 12 head of horned cattle and 25 sheep by any individual; swine are seldom kept, and no nuisance from these has been recorded. No system of sanitation insisted upon in the Native Locations; a few pits exist, and 15 latrines for public use have been provided by the Council, and are distributed in different parts of the Locations, and the tubs are cleared nightly; water is supplied by seventeen 400-gallon galvanised iron tanks; the water service to these is tri-weekly; a small charge is made for the use of the water. Cemeteries and burial-grounds unchanged; many are nearly used up, and though some effort was made about 2 years ago to obtain new ground, nothing has been done to complete arrangements. The Victoria Fever Hospital is most useful; during the year 65 cases of Enteric were notified, and of these 50 were treated in the Fever Hospital; the Hospital is under the management of the Albany General Hospital, which receives its support from Government and local subscriptions. The sanitation of the schools and school boarding-houses is satisfactory; they are not under public medical inspection. Notifications of Infectious Disease during the year:—Tuberculosis 103, Enteric 65, Erysipelas 6, Diphtheria 6, Scarlatina 20, Puerperal Fever 3, and Leprosy 1. No visits were made to the outlying districts for the purpose of vaccination. There were few cases of Syphilis, and only 17 were treated in the C.D. wards at the Albany Hospital.

ALBERT.—DR. JAMES T. BOLGER, DISTRICT SURGEON.—Water-supply unchanged; the quantity during the whole of the year was adequate. Collection of slop-water was well done, and that of household refuse fairly well; the Municipality do not, so far as the District Surgeon knows, insist on householders providing proper receptacles for storage; this should be done to avoid pollution of yards. Night-soil system unchanged; the letter of the Medical Officer of Health for the Colony dealing with this question aroused the Council to an appreciation of the more excellent way, but so far nothing has resulted. No overcrowding known. No systematic inspection, so far as known, of human food. No special machinery exists for supervising the health and sanitation of schools and school boarding-houses. An outbreak of Small-pox occurred in January outside the dorp, but within the area of the Commonage; 5 cases in all occurred, of which 3 occurred before the outbreak was reported; some cases were subsequently reported from the farms Rooihoek and Waaikraal—all in Europeans; about 500 primary vaccinations performed during the year; the total number of vaccinations being 1,264; the lymph supplied was excellent. Fifteen deaths occurred from Phthisis, 11 of these being of Natives; one of the European cases was imported.

VENTERSTAD.—DR. A. P. COATES, ADDITIONAL DISTRICT SURGEON.—Water-supply unchanged; quantity sufficient for domestic purposes, and can be increased at will by means of the oil engine. Sanitary system unchanged. No overcrowding or unfit dwellings. Building regulations strictly carried out. Slaughter-houses unchanged; Municipality intend building a public abattoir. Practically no animals kept in the village. Location unchanged. One Public School; no attempt at sanitation; it has 2 w.c.'s, one for each sex; lighting bad, ventilation worse; no water-supply whatever; no arrangements for medical inspection of children. No Infectious Diseases in the District during the year, excepting 2 cases of Erysipelas. Tuberculosis more common than is supposed. Eight cases of Syphilis treated under C.D. Act. Two cases of Puerperal Fever, one fatal.

ALEXANDRIA.—DR. P. B. GRENFELL, DISTRICT SURGEON.—The water-supply is collected in iron and underground tanks; there are several wells in village used by coloured people; these are not properly looked after, and are liable to pollution; at present water is very scarce, and it would be a good thing to bore for water in the centre of the village. Cesspools are used for night-soil, and rubbish is burned or buried; it is quite time that cesspools were abolished and a tub system inaugurated; these should be removed by the Board with a weekly service. Washing is done on private premises, and this matter should be regulated so as to prevent washing being done near the dam or in the watercourses. No overcrowding:

there is no control to ensure the sanitary arrangements of new buildings. The two butcheries in the village are kept clean; one is in the same building as the post-cart stables. No regular Location. Cemeteries in good order. Slaughtering in village has been stopped, and one of the dams has been wired off to prevent cattle getting into it to drink, as it was very low, and was getting malodorous. No isolation hospital accommodation. The village school appears to be not at all a suitable building; it is near the largest and dirtiest dam in the village, and in dry times there is a very bad stench from the water; there are two cesspits for the scholars, built close to the edge of the dam, into which the soakage must go; some arrangement should be made for the medical examination of scholars. Two cases of Diphtheria occurred in District; no Enteric or Small-pox. 1,595 vaccinations were performed during the vaccination tour. Tuberculosis is very rife among the coloured people, and is on increase; it is generally pulmonary, and occurs in a very acute form, carrying off patients before they have time to spread disease to any great extent; the disease is always fatal to Kafirs in these parts; pamphlets might be issued to farmers and other people who have to do with Natives dealing with the elementary hygiene of consumption. Syphilis is very prevalent and greatly on increase; cases of white children commensally infected from Kafir nurses are frequently seen; 16 patients treated in C.D. Hospital during year; cases cannot be satisfactorily treated outdoor, as directly the initial and outward symptoms disappear they leave off treatment. Bilharzia Hæmatobia occasionally seen. Round Worm and Tape Worm very common. Hydatid disease occasionally occurs. Five cases of Leprosy seen during year. Latrines for Natives should be erected near the village. The watering of cattle in the dams should be checked; one dam should be used for this purpose, and directly it gets dry it should be cleaned out and another used. Natives employed in the purveyance of food should be periodically examined. The Village Management Board ought to be in better working order, and should appoint a Sanitary Inspector; at present the rate is very small, and the money collected insufficient to carry out any improvements. No cattle, pigs, or sheep should be kept near dwellings or so as to cause a nuisance. Elementary hygiene should be taught in all Government schools. Streets should be kept in better order and gravelled.

ALI WAL NORTH.—DR. FRED. FULSS, DISTRICT SURGEON.—Water-supply unchanged. Sanitary arrangements and the collection of night-soil, refuse, and slops are admirably carried out. Washing done mostly in the Orange River. No overcrowded dwellings known of. The Local Authority is very particular about the erection of new buildings. The slaughter-houses are fairly clean, but could be improved upon. Butcheries are not as clean as they might be; bakeries are in excellent order. All dairies must now be registered and inspected at intervals; milk can only be sold from clean milk tins or from patent white bottles of a certain pattern. No nuisances exist. The Municipal Location is a model of order and cleanliness; Greathead's Location is in a filthy and disgraceful condition; the sluic adjoining it is used as a depositing site for fæces and filth of all kinds; the closets are dirty and in bad order, and there seems to be no control. An isolation building, consisting of one large room and a caretaker's room and kitchen, exists. The health and sanitary condition of the schools and school boarding-houses are excellent; a separate building has been put up in the grounds of the Convent School for cases of Infectious Disease. Epidemics of Whooping Cough and Measles occurred, the latter being especially severe; it was largely spread through the carelessness of parents in not properly isolating their children during the infectious stages. Eight cases of Enteric Fever, 3 of Scarlet Fever, 1 of Diphtheria and 1 of Erysipelas were reported at the Town Office. Tuberculosis is on the increase, especially amongst Natives. Syphilis does not prevail to any great extent, and is not on the increase.

JAMESTOWN.—DR. L. COETZEE, ADDITIONAL DISTRICT SURGEON.—Water-supply not very good as regards purity; there are a good many cesspools, which undoubtedly pollute the water, which is all supplied by wells; special notice has been given to replace the cesspools by buckets. There are no official arrangements for the disposal of night-soil; each house disposes of slop-water and other refuse as it best can. Clothes washing is done in the spruit a little below the village.

LADY GREY.—DR. H. R. F. TOWNE, ADDITIONAL DISTRICT SURGEON.—Sanitation and water-supply unchanged. Clothes washing done mostly by Native women in stream above "Hottentot Location," half a mile from the town; no risk of pollution of water-supply. Schools in good sanitary condition; no medical inspection system. No Infectious Disease, excepting a few mild cases of Whooping Cough and 2 mild cases of Diphtheria. No public vaccination during the year; house-to-house tour in the District applied for, but refused; public vaccination at appointed centres is a failure; there are many unvaccinated children in the District. Tuber-

culosis uncommon; there are a few imported cases. Syphilis not on the increase; more congenital cases are seen than acquired cases. Two cases of Leprosy discovered in the Hottentot Location; these were isolated and removed to the Leper Asylum.

BARKLY EAST.—DR. A. R. A. WILHELM, DISTRICT SURGEON.—Water-supply is unchanged. On the 1st January the old wooden pails and buckets of a nondescript pattern were discarded, and a proper duplicate pail system introduced for the removal of night-soil; the night-soil is buried in narrow trenches, being first covered with ashes and other household refuse, and the sanitary pits are for the first time really being kept in a sanitary and inoffensive condition. Slops and refuse are removed in properly constructed carts; yards are being kept in a much cleaner state; the whole system is worked by the Municipality, and the expenses are defrayed by a 'Tenants' Rate. Sanitary condition of schools in the town good; the school building at "Ravensfelt" was decidedly insanitary, but repairs are being made; no medical inspection of schools and no arrangements for preventing the spread of Infectious Disease, except in the town, where, if a case of Infectious Disease occurs in a family, the headmaster stops the rest of the children of the family from coming to school. There was a considerable prevalence of Scarlet Fever in the town and District; 6 cases of Diphtheria were notified in town and 7 cases occurred in the District; a case of Small-pox, infected in St. Mark's District, occurred, and he infected 2 other cases; 6 cases of Enteric Fever occurred in the urban area, 4 of them being imported; 5 cases were notified from the rural area. The epidemic of Cerebro-Spinal Meningitis has been specially reported on; since the beginning of November no cases of Meningitis of any kind have been seen. Bilharzia Hæmatobia is not endemic; the few cases seen have all come from King William's Town; 2 cases of Malignant Pustule were seen last year; the patients both stated that they had been infected by cattle that had died of "sponziekte," i.e., "quarter evil" or anthracoid erysipelas as termed by veterinary surgeons—a disease very similar to Anthrax—but the season was rather late—June and July—for "sponziekte," and the animals a little too old for the disease; "sponziekte" is very prevalent in this District, and kills every calf attacked; the question is whether it does not produce in man a disease similar to and just as dangerous as Anthrax.

RHODES.—DR. GEORGE H. BOYDEN, ADDITIONAL DISTRICT SURGEON.—General health of the village and District very good during the year. Water-supply of village abundant and pure; most of it is obtained from springs; no causes likely to lead to pollution. No public provision for the removal of night-soil, all the closets being of the cesspit pattern; they seem to be kept in proper condition. Slop-water is carried away daily and thrown into large holes dug out on the veld. No overcrowding. Slaughtering done outside the Village. Butcheries clean and well conducted; the bakery is well kept. There is a small Native Location; the Natives use large dug-outs on the veld for the disposal of night-soil; all their huts are clean, the floors and walls being cemented in many cases. The cemetery is kept in good condition. The school is very draughty in winter and bitterly cold; several scholars were away last year for some weeks with sickness, caused entirely by this state of affairs. Two cases of Typhoid attended, source of infection not traced; 1 case of Scarlatina, also an outbreak of Chicken-pox, which reached considerable dimensions, owing to the carelessness of some of the inhabitants in not reporting it. There are 2 or 3 advanced cases of Phthisis in the Location, but they mostly reside by themselves, and disinfection is carried out as far as possible. The supposed cases of Cerebro-Spinal Meningitis, though not occurring in my District, but in that of Barkly proper, were for the most part atypical, many of the most important signs for the diagnosis of it being entirely absent; I think the name "Severe Influenza" would have been more applicable in the majority of cases.

BARKLY WEST.—DR. THOMAS EDYGAR JONES, DISTRICT SURGEON.—Water-supply unchanged; the river, however, has not been very low, and only ceased to flow for a fortnight in September. Sanitation is efficiently provided for by the Board. Clothes are washed in the river; the work is supposed to be restricted to certain places below village, but the Board Regulations seem to be very often evaded; Natives carry water a little distance from the river bank for the purpose, and the resulting nuisance is as bad, if not worse, than if the washing had been done in the river itself; this can only be avoided by removing the Natives resident in that direction to a spot below the village. No overcrowded or unfit dwellings; Regulations satisfactory. The Natives should be concentrated at a spot known as the Brak, three-quarters of a mile below the village, situated close to the river, affording them water and ample space; at present they are scattered east and north-east above the village on the river slopes, where they are a great menace to

the water-supply. No provision made for inspection of schools and school children; the school buildings in this District are very poor; in Barkly West the Town Hall is used, and the sanitary provisions are nil. The District has been very free from Infectious Disease during year; no Enteric or Diphtheria known of; 1 case of Small-pox occurred at Droogveld in a Native newly arrived from Transvaal; the vaccine used was effective in all but 3 of the 350 cases operated on. Syphilis very prevalent; it is estimated that 25 per cent. of the Natives of the District suffer from this disease, mostly in the tertiary stage, and some of them are absolute paupers, disfigured, and incapacitated from earning a livelihood; such cases should be removed to the C.D. Hospital for treatment. Scurvy appears to be on the increase since the beginning of December; the slump in diamonds and the consequent poverty probably accounts for this.

KLIPDAM.—DR. E. VAUGHAN JONES, ADDITIONAL DISTRICT SURGEON.—Water-supply of Klipdam and Holpan unchanged; water is derived from two wells, each outside the respective camps; that at Holpan is covered in and more or less protected from pollution, but the well at Klipdam is open, and liable to surface pollution, hence a great danger to the public health; both have a plentiful supply of water, but as the inhabitants pay 1s. a barrel for water delivered at their houses, it is a commodity which is sparingly used; both wells are private property. Cess-pools are used for night-soil, because it is impossible to procure labour for removing it on the bucket system. Overcrowding is not prevalent; the nature of the houses tends to mitigate the evil, as they are chiefly built of wood and iron, allowing free ventilation. The Locations in the vicinity of Klipdam draw their water-supply from wells within the Locations, which are liable to all sorts of surface pollution, as they are utterly unprotected. Wonderful freedom from Infectious Disease during year; there has been no vaccination for eighteen months; the District should be thoroughly vaccinated as regularly and systematically as Kimberley. The river diggings draw their Native labour from the Locations in the District. The white population appears to be wholly unvaccinated; something should be done to enforce the law. Tuberculosis—chiefly Phthisis—is frequently seen among the Natives. Syphilis is very prevalent, but there is no effective method of treatment in vogue; one sees a case one week and the next the patient disappears; patients should be isolated in the first and second stages and measures taken, if necessary, for their enforced isolation; a white family was infected with the disease, and the only possible source was a Native. During the year there were 4 cases of Malta Fever—2 in February and March and 2 in November; the agglutination test was used in one case, and confirmed the diagnosis; no clear connection could be made out between the disease and goats' milk. Scurvy is endemic, breaking out in epidemic form during the summer months; the Scurvy Hospital has been closed, which the District Surgeon considers is a decided hardship, and will be followed by serious results; Scurvy cannot be effectively treated out of doors; "boys" come to the diggings in many instances without their wives, and when they get Scurvy there is no one to look after them; moreover, the area is so scattered that it is impossible for them to be visited regularly at their homes.

BATHURST.—DR. C. E. JONES-PHILLIPSON, DISTRICT SURGEON.—Water-supply from rain-water collected in iron or underground tanks; cesspools likely to pollute the latter have been condemned. No cesspits permitted to be erected without a suitable site being chosen by the Health Officer. Night-soil removed by the Municipality on the bucket system; system is well conducted, but not universal or compulsory. Refuse and slop-water buried in gardens. It is contemplated to enforce, in a modified form, the Dairy Act during coming year. Native Location well kept. Cemeteries not overcrowded, and well situated. No hospital accommodation. Sanitary condition of schools is certainly improved; in the larger schools the lighting, ventilation, water-supply, and general cleanliness is good, but in smaller schools and private farm schools much might be done. Urban vaccination has been carried out at Port Alfred and Bathurst; about 100 vaccinations performed. Tuberculosis prevalent. Fifty-one deaths out of a total of 278 registered during year due to this disease; 398 births during year.

BEAUFORT WEST.—DR. A. J. WESTBY, DISTRICT SURGEON.—No change as regards sanitation and sanitary removal system since last report. The unsightly huts still exist at the Location, and are inhabited, though there are many vacant brick rooms which were built by the Municipality; the general sanitation of the Location is fair, the night-soil system and water-supply being unchanged. The health and sanitary condition of the schools is very good; no special arrangements for medical inspection; the only precaution taken against the spread of Infectious Disease is to keep the patients and contacts from attending school as far as possible.

Notifications in the Municipality during the year:—Scarlatina, 54; Enteric, 13; Diphtheria, 3; Small-pox, 3; Tuberculosis, 10; Puerperal Fever, Undulant Fever, and Erysipelas, of each 1; and in the District: Enteric, 7; Scarlatina, 2; Undulant Fever, 6; and Tuberculosis, 1. The Small-pox cases were the last of the epidemic that began in the previous year, and have already been reported on. Tuberculosis has only just become notifiable here, and no doubt there will be a great increase in the returns next year. Syphilis is on the increase, but few cases are brought for treatment. Undulant Fever is certainly on the increase. Seventy-two vaccinations during the year; no vaccination was carried out in the District; the state of the population as regards vaccination is not satisfactory either in the town or District.

BEDFORD.—DR. R. A. ROSS, DISTRICT SURGEON.—Nothing new as regards sanitation or general sanitary circumstances, except that there have been very few cases of Typhoid in the Town—probably attributable to the improved water-supply. The health conditions of the schools are satisfactory, though, as regards ventilation and lighting, the present school buildings are capable of considerable improvement; there is no arrangement for the medical inspection of the children. There has been a decided increase in the number of syphilitics under treatment during the year.

BREDASDORP.—DR. GEORGE H. ORMSBY, ACTING DISTRICT SURGEON.—Water-supply very deficient, owing to the lack of rain for so long, this being the driest season known for many years. The streets are disgraceful, bridges are falling in, dust about six inches deep; there is no remedy, although a plentiful supply of good water is within a comparatively short distance of the Town. The Municipality should take immediate steps for the construction of a water-scheme, which would prove a blessing to the Village, and certainly improve the value of the land. The present drinking water supply from pipe fed from open furrow; source about two miles from village; water pure at origin, but there is every means of its being contaminated by animal and vegetable matter during its course; with comparatively little expense it could be conveyed by pipes either from a dam across the water kloof or from a reservoir which might be built at the springs; there is also a furrow supply used chiefly for irrigation, but although largely contaminated it is frequently used for drinking and cooking. Nightsoil removed by cart once or twice a week; no special provision for disposal of slopwater; household and other refuse is mostly thrown out anywhere; it would be a great advantage if householders would burn all refuse instead of leaving it about to rot. Butchers' shops, slaughter-houses and bakeries are clean and in good order; slaughtering is done privately; D.S. is not aware of the conditions under which it is done. A more extended system of examination of foods would be beneficial. No system regarding keeping of animals. No regular Native Location, the dwellings of White and Coloured being generally mixed up. Burial grounds in good order. Generally speaking, abatement of nuisances is conspicuous by its absence. No Isolation accommodation. Board School buildings are modern, well ventilated and in good condition; closets do not seem adequate for the number of children, and are not kept as clean as they should be. Outbreak of Enteric in Village and district during the year, but not of a serious nature; also a few cases of Dysentery; Enteric has no doubt been caused by drinking impure water in many cases, especially in the dorp. 280 births and 135 deaths during the year. No case of Syphilis has come under notice.

BRITSTOWN.—DR. ALEXANDER WATT, DISTRICT SURGEON.—Water-supply from a deep well pumped by windmill and stored in large zinc tanks, from which it is conveyed to houses by pipes; the water is supposed to be pure. No change regarding night-soil arrangements. No overcrowding among Europeans, but coloured people are badly housed, and in many instances two families live in one room. Slaughter-houses, bakeries, butcheries, etc., are in good order; no system of inspection of meat or food. The cemetery is well kept. Native Location satisfactory. There is an entire absence of nuisances in the town. Health and sanitary conditions of schools good. A few cases of Phthisis seen; 22 cases of Syphilis treated during the year under the C.D.P. Act., of whom 2 were Europeans. No vaccination tour performed during year; four days in different months were mentioned for Public Vaccination, but none presented themselves.

DE AAR.—DR. H. C. BAKER, ACTING ADDITIONAL DISTRICT SURGEON.—Water-supply is from wells 40 feet to 60 feet deep; very hard, but otherwise fairly good; one or two wells have been ordered to be cleaned out. Pail system for night-soil removal; removals twice a week from private houses and nightly from hotels, boarding-houses and gaol; pails washed with Jayes' Fluid; slop-water and house refuse removed tri-weekly. Several houses recently condemned and removed. Slaughter kraals rebuilt within the last year, and leave little to be desired; offal and refuse

removed daily. Butcheries far from satisfactory, but a new one is about to be opened and is built on thoroughly sanitary lines. Cattle and swine not allowed to be kept either in Railway Camp or Municipality. Proper latrines lately erected in Native Location; these are kept clean. A cemetery is now completed on lower side of Township. Prompt steps are taken by Local Authority to abate nuisances. No Hospital accommodation of any kind exists; this is not satisfactory, as De Aar is a large junction, and in consequence many Natives are passing to and fro and might at any time require isolation. Schools and school boarding-houses are in a most satisfactory condition; the former are under control of Railway Authorities. No public vaccination during the year. 5 cases of Enteric Fever with two deaths (Natives); Enteric Fever among Natives is frequently of the ambulatory type. Tuberculosis fairly common both among Europeans and Coloured, almost always attacking the lung; it is spreading because of overcrowding, bad ventilation, eating from utensils used by several persons in common, and promiscuous expectoration; with lowering of resisting powers from want of proper clothing and diet. Syphilis rare.

CALEDON.—DR. A. J. ALBERTYN, DISTRICT SURGEON.—Water-supply from springs in the Zwartberg Mountains; supply palatable and pure at source and at delivery, and adequate; no cause of pollution; water is stored in a covered reservoir at its origin, and then led in pipes to the various houses. Irrigation supply obtained from same source; stored in open reservoir holding about 6,000,000 gallons, and thence led in open furrows through the Town. Bucket system in use for night-soil; night-soil deposited in suitable pits about 2 miles from the Town. Slop-water similarly disposed of; household and other refuse collected and deposited about a mile from the Town. Clothes washing unsatisfactorily carried on; no wash-houses; washing of clothes is prohibited in back-yards but allowed in a dirty stream on the outskirts of the Village. Not much overcrowding, no dwellings unfit for habitation. Butcheries, bakeries and other trades affecting health are satisfactorily managed, excepting dairies, which do not receive proper attention. Keeping of cattle and swine satisfactory. Genadendal and Berea are the only Native Locations in the District; both controlled by the Moravian Missionary Society; each has already attained the highest state of efficiency in regulating cleanliness and general sanitation. Two cemeteries, both well below the Town; soil is sandy and drainage excellent; the vault system is unfortunately still in vogue. No Isolation Hospital accommodation. School and school boarding-houses very satisfactory; the school-house is somewhat small, and it is feared the children are overcrowded; no arrangements for medical inspection. At Greyton cases of Enteric Fever recur every year, and as long as the present sanitary arrangements exist, in conjunction with the defective and polluted water-supply, the place will always be infected; there is a local Village Management Board. The spread of Enteric Fever at Villiersdorp is believed to have been due to carelessness and ignorance on the part of patients in dealing with excreta; approximately between 20 and 30 cases at each of the Towns mentioned, equally divided amongst Coloured and White. Tuberculosis and Syphilis are on the increase in the District.

CALVINIA.—DR. J. SMUTS, DISTRICT SURGEON.—No improvement in the water-supply. Sanitary accommodation satisfactory in most of the European dwellings; night-soil removals once a week by Municipality; refuse removed by Municipality at public expense; no slop-water removal system. Dwellings of the Coloured people are usually overcrowded, and many are unfit for human habitation. The Regulations for new buildings are satisfactory. An abattoir under Municipal control has been erected outside the Village. So far as D.S. knows, butcheries, bakeries and dairies are conducted in a satisfactory manner. Once or twice a year a few foodstuffs are examined; no inspection of meat. There is a C.D. Hospital, consisting of 4 rooms, built by the Municipality. Two schools for Coloured children have no sanitary accommodation; at the Calvinia Public School the sanitary arrangements are not as satisfactory as they might be. Outbreak of Whooping Cough and Influenza during latter part of year. No vaccination tour made during the last 11 years. Number of cases of Tuberculosis and Erysipelas nearly the same as in 1906. Puerperal Fever very rare; only 1 case seen during 18 years. Tape Worm and Round Worm rare; Thread Worms common. Population of District, 1904, 11,776; deaths during 1907, 215; of which 22 Coloured and 2 Europeans were due to Tuberculosis; there were 477 births.

CARNARVON.—DR. H. FRERE HART, DISTRICT SURGEON.—Water-supply chiefly from wells situated in the back-yards of the houses; as well manured gardens usually surround these, it is doubtful whether any of the well water in the Village would be pronounced fit for drinking purposes; the Municipality is considering a

water scheme, the chief difficulty is, however, lack of funds. Night-soil is removed twice a week, the system consisting in emptying each bucket into a cart which is practically a barrel on wheels; the buckets are never cleaned. Slop-water is removed twice a week and dry refuse is burnt on the veld. Clothes washing is carried on a mile from the Village in the river-bed, and ironing is done in the houses of the Natives, which are all insanitary. Overcrowded dwellings are the rule where Natives are concerned, and at Nachtmaal times so far as the farmers are concerned. Many houses are built with a low zinc roof and mud brick walls, combining the maximum of heat by day and cold by night; in the case of the Natives this aggravates the spread of Tuberculosis. So far as the District Surgeon is aware, there is no supervision. Slaughter-houses are kept outside the Village; butcheries are usually small, ill-ventilated rooms; baking is carried on mostly in private houses, and there is no supervision. Milking is carried on in back-yards, stables and wherever most convenient. The Municipal Clerk inspects butcheries weekly. Swine are not allowed to be kept in the Town. Cattle are only allowed if properly stabled at night; this Regulation is not properly enforced. Night-soil is removed from the Native Location in the same way as from the Village; supervision is not efficient; the Natives are fond of using the furrows which supply the dams. The cemeteries and burial grounds are well away from the Village and in good order. The Notifications of Infectious Disease included 18 cases of Enteric Fever, 7 of Erysipelas, and 1 of Diphtheria; there were 9 deaths from Tuberculosis; no efficient arrangements for isolation can be carried out; Tuberculosis is spreading among the Native population. The greater part of the Native and a large proportion of the White population seem to have Syphilis; the disease is mostly of the tertiary and hereditary types.

CATHCART.—DR. G. WHITESIDE ROBERTSON, DISTRICT SURGEON.—Water-supply adequate and pure; suitably protected against pollution. Single pail system is in vogue for night-soil with a tri-weekly service; some dissatisfaction prevails at the present sanitary fees charged by the Municipality, and a movement is on foot to establish a private service; only 5s. per month is charged for the removal of night-soil and household refuse, and the work is satisfactorily carried out. No provision made for the removal of slop-water. Taps for washing purposes have been erected at suitable places with a view to abolishing the old practice of washing clothes in back-yards and in pools; laundry work is in no way supervised. Several dwellings in the middle of the Village are let to Natives, and though overcrowding has never been detected, a Native lodging-house in a street of Europeans should not be tolerated. All plans of new buildings have to be submitted to the Municipality, and the Regulations for ensuring the healthiness and sanitary arrangements of new buildings seem to be efficiently enforced. Several old refugee camp sheds used as stores exist, and at times the odours from these are insufferable; large quantities of putrid potatoes have been kept there without the Municipality taking any action. Water taps are erected near the Location, and the supply is satisfactory. There is no sanitary system, and the refuse from the huts appears to be disposed of as each one fancies. The abatement of nuisances leaves something to be desired. No Isolation Hospital accommodation exists; some provision for such should be made at an early date. School buildings almost new and arrangements excellent. An outbreak of Small-pox occurred in the Village in January, 1907; 3 unvaccinated European children contracted the disease from a Native child brought to the house covered with a pustular eruption; the cases were the District Surgeon's private patients, and only a trifling public expenditure was incurred; 195 vaccinations and revaccinations performed during the outbreak, and no further cases occurred. Bubonic Plague broke out on the 29th August at the Native Location; 4 cases with 1 death occurred; Dr. Thornton, of the Public Health Department, visited Cathcart and established a Plague Camp, and his efforts were successful in preventing spread.

CERES.—DR. G. C. MUNNIK, DISTRICT SURGEON.—Water-supply by pipes; system has recently been brought to perfection by insertion of pipe "A" which was under dispute; Location well supplied; water of first-rate quality. Night-soil removed by contract under Municipal control; slop-water deposited in yards or gardens; this entails no danger to health, as grounds attached to houses are large; refuse removed by Municipal cart. Clothes-washing conditions unsatisfactory; two establishments on the river bank discharge night-soil sewage into river above point where washing is carried on; also the washed clothes are detained after washing in the huts of the Coloured washerwomen. Native huts are badly constructed, but this provides free ventilation. Slaughter-houses well kept. No nuisance from pigs. Night-soil in Location is buried in the neighbourhood of huts; sanitation is

fairly well practised. Cemeteries well kept. Small C.D. Hospital. Infectious Disease notifications during the year 21, including 13 cases of Phthisis. No vaccination carried out since 1901.

CLANWILLIAM.—DR. A. A. HAYES, DISTRICT SURGEON.—During past year the water scheme has been completed, and a good supply of pure water obtained; supply taken from Jan Dissel's River $3\frac{1}{2}$ miles above the Town and 80 feet above the level of the Main Street; concrete intake with double wire sieves; main is of 4-inch steel pipes; the only possible source of pollution is in the river itself, and as the intake is frequently inspected, the probability of pollution is remote. Pail system in use for night-soil; tri-weekly removals; slop-water and household refuse removed daily by Council's cart. Washing is done in the river below drinking water intake. Location under control of Council; Regulations are well carried out. No general system of meat or food inspection. One Location gets its water from the mains, the other from the Oliphants River; no night-soil removal system in use in connection with the Locations. Cemeteries same as last report; a new cemetery has been laid out and surveyed but not yet utilised. Public School far from satisfactory; building quite too small; it is, however, well ventilated; sanitary accommodation is supplied in a neighbouring building; water is only obtainable from an old furrow. Tuberculosis among the Coloured seems to be on the increase. Syphilis has made a rapid spread in the District during the last 4 months; it seemed to be steadily disappearing, but some months ago a young Coloured woman contracted the disease and has since been a most fertile agent in disseminating it; all is being done to segregate the affected, but Part I. of the C.D. Act should be proclaimed throughout the entire country.

COLESBERG.—DR. R. K. TAIT, DISTRICT SURGEON.—Water-supply good, pure and abundant; Municipality have made a large dam nicely cemented out at the wash-houses, about a mile from the Town; this will prove a great boon, as frequently in summer the supply at the wash-houses was very limited. Pail system in use for night-soil, and is strictly looked after; slop-water and household and other refuse removed daily by Municipal carts. Location about 300 yards from the bottom end of the Town is in good order, very clean, and has an abundant supply of water from the hydrants connected with the Town system. Washing is done a mile out of the Town. There is no overcrowding or unfit dwellings. The slaughter poles are out of the Town. There are 4 butchers' shops, all clean and in good order; 2 bakers' shops, also clean; District Surgeon periodically examines the places and also the Coloured servants to see that they are free from disease. Swine are not allowed in the Town. There are no nuisances. There is an Isolation Hospital at Camp Kloof, $2\frac{1}{2}$ miles from the Town. Health and sanitary condition of schools and school boarding-houses good. During the year there were 2 cases of mild Typhoid, and 3 of Diphtheria in the District, with 1 death; Town and District have been remarkably healthy. Syphilis is increasing.

CRADOCK.—DR. P. C. DE WET, DISTRICT SURGEON.—Water-supply pure but deficient for greater part of year; the flow is cut off daily for several hours to allow the reservoir to re-fill. The storm drains should be flushed out occasionally; some open grates are offensive at times. Night-soil removals are well carried out departmentally; the cost is 1s. per pail; slop-water and refuse also removed by the Council; slops are removed free except when more than 6 buckets at a time. Washing is done by Native women at the warm bath springs; the quantity of water used is not sufficient, and articles of clothing are mixed freely and never boiled. Ironing is done in the houses of Natives, and infection may thus be distributed; vermin is also frequently distributed in the clean clothing. The houses and backyards occupied by Natives are overcrowded in some instances; very little is done by Local Authority to prevent this evil; the letting of rooms to Coloured people in town is profitable, and so the evil is likely to continue. Slaughter-houses are in need of a proper and efficient water-supply. All dairies should be licensed. There are only a few cattle and pigs kept. The Location has a limited supply of the town water, and two tanks are supplied from a well on river bank. Twenty pail closets are placed in different parts of Location; the Kafir huts are clean, and the majority of the Hottentot houses are fair. The Cemeteries are not a source of danger to health, but no more burials should be allowed in the ground surrounding the Anglican Church. There is one hospital for Infectious Diseases, controlled by the Town Council; the C.D. Hospital is managed by Government Officials. The two schools—Rocklands and the Convent—are new buildings, well managed and scrupulously clean, and both have a room set apart for hospital purposes; isolation is difficult, as the rooms are all under one roof. There have been three deaths from Enteric Fever during year; only one case was reported to the Town Clerk; 3 cases

of Scarlet Fever and 4 of Diphtheria were also reported; 20 Natives are reported as having died from Phthisis and five from Tuberculosis; Tubercle is frequently found, more especially among the Town natives; cheap brandy is often a pre-disposing cause, but young children are often attacked; the disease runs a very rapid course. Scurvy is rare; a persistent mealie diet appears to be conducive to this disease; all the prisoners affected have been limited to a purely mealie diet for some time. Syphilis is very common among the Natives; the majority of the cases do not come under treatment until well advanced in the tertiary stage. Entozoa not common in this district; Hydatids met with occasionally; one case from Cypress Grove was recently reported; other cases came from Quaggeshoek and borders of the Somerset East District. In the returns of deaths 14 are attributed to premature birth; the District Surgeon suggests caution in accepting this as the cause of death.

MARAISBURG.—**DR. A. POLLOCK, ADDITIONAL DISTRICT SURGEON.**—Water-supply is derived chiefly from a borehole in the Market Square, from which water is pumped by windmill into a masoned tank; the water is rather hard and brackish. The Municipal Bye-laws require dwellings to have proper sanitary accommodation; these are enforced; the Board does not go into the matter of ventilation of new buildings. The Municipality remove night-soil, slop-water and refuse. Washing is done in the furrows in the open veld. The Sanitary Inspector sees that no unwholesome meat or other food is offered for sale on the market; it would appear that there is considerable room for increased vigilance in this matter. The Native Location, though improved, is in an insanitary state; two latrines have been erected outside the Location, but are only partially successful; there is no head-man or other official in charge, and it is therefore impossible to enforce the regulations. Cemeteries unchanged except that a borehole and pump have been constructed inside the enclosure. There is a sluit along one side of the Town which is used by Natives, and the stench from it constitutes a most objectionable nuisance; the rainwater from it passes to brickfields; its use by the Natives should be prohibited. No hospital accommodation except a small shed for Small-pox patients. The existing school is more or less unsuitable; the Board are at present completing plans for a new school. One case of Enteric in the Town and one death from the same disease in the country during the year; Scarlatina occurred in 3 families; one death from Diphtheria registered, and one case of Small-pox on farm 7 miles out of Town; source of infection was not traced. Only a few cases of Syphilis observed. No fresh cases of Malta Fever. One case of death from Puerperal Fever registered.

EAST LONDON.—**DR. J. BARCROFT ANDERSON, DISTRICT SURGEON.**—Water-supply unchanged; the quantity pumped from the Buffalo River has been ample for the area served therefrom. The Cambridge supply is deficient; there is a possibility of purchasing water in bulk from the East London Municipality to be pumped from the neighbourhood of the Amalinda dam to a reservoir at Summers Pride. Sewerage and drainage remain almost unchanged, as also the sanitary accommodation of dwellings and the collection and disposal of night-soil, slops and refuse and clothes-washing. The depreciation in the market value of house property and the increased number of vacant houses has tended to lessen the overcrowding of Europeans. Many quarters used by Native servants in the Town are not up to modern sanitary standards, but otherwise the Local Authorities ensure healthy and sanitary arrangements for new buildings in urban areas. Slaughterhouses remain unchanged. The old bakeries remain unchanged, and one new bakery has been erected, which is up-to-date and sanitary. Keeping of animals unchanged. The East London Municipal Sanitary Department watches the sale, storage and preparation of human food within its area, and institutes prosecutions where necessary. The water-supplies, arrangements for removal and disposal of night-soil, and general sanitation of the Municipal Locations are satisfactory; the East London Locations would be much improved if no privately erected huts were allowed and all were of a standard pattern; it would be economical if each Location had a small refuse destructor. Cemeteries unchanged. The various Local Authorities appear to take reasonable interest in abating nuisances. Isolation Hospital accommodation unchanged during the year. Three of the schools in the urban area are quite new; there are no arrangements for medical inspection. Enteric Fever believed to be confined to East London Municipal area; there is no reason why it should be, as it apparently is, endemic in parts of the town; it is regrettable that the Local Authority has not long since eradicated it. Small-pox entered the District from the King William's Town and Komgha Districts, and gradually extended towards the town; owing to the large number of Natives vaccinated during recent years a serious epidemic was averted; nearly every unvac-

inated Native contracted the disease; the outbreaks were dealt with by the Local Authorities; these Authorities rendered every assistance in carrying out vaccination, which consisted in the compulsory vaccination of Natives "in the proximity of" infected farms, and not throughout the entire District; as soon as the infected area was vaccinated the disease disappeared. No further information regarding Tuberculosis; the Local Authorities do not deal with it, and it is not diminishing; there is immediate need for action in isolating infected Natives.

FORT BEAUFORT.—DR. W. DUNCAN MILLER, DISTRICT SURGEON.—General health of District good; no serious outbreak of Infectious Disease occurred. Water-supply has been exceptionally good. The sanitary accommodation of dwellings in the urban area requires more attention on the part of the Local Authority; the introduction of an improved system of collection and disposal of nightsoil, so often recommended, is still delayed; such important work should not remain in the hands of private contractors, who are not responsible to the Local Authority; slop-water generally disposed of in gardens. Clothes-washing largely done outside the town by Native women and the poorer White classes within the town limits; the conditions are fairly satisfactory. More attention has been paid to the Regulations for ensuring the healthiness and sanitary arrangements of new buildings. The conditions under which animals are slaughtered and meat brought to shops have been improved, largely owing to more efficient inspection; a public abattoir under the control of the Local Authority would be a desirable improvement. The kraaling of cattle within the town limits has been forbidden, all kraals being removed to approved places without the town. Native Locations in the District have been well looked after; the remarks made last year on the condition of the water-supply of some of the Locations in the Healdtown Fingo settlement and the liability to contamination still hold. No isolation accommodation. The sanitary condition of several schools in the District has been improved; no arrangements for medical inspection. Two cases of Small-pox occurred during the year on a farm at Piet Retief; vaccination and re-vaccination, carried out without delay, has undoubtedly proved to be the one really effective method of dealing with Small-pox in this District; quite 75% of the vaccinations were successful. No diminution in the spread of Tuberculosis, especially among Natives; Hottentots apparently offer less resistance to the disease than Kafirs, and Kafirs less than Europeans; Phthisis forms quite 95% of the cases seen. A large number of cases of Hereditary Syphilis in Natives seen during the year; in several instances these have been traced to men returning syphilised from coast ports where they have been working. Two cases of Bilharzia seen during the year, both infected some years ago at King William's Town. Tape-worm very common in Europeans and Natives alike; round and thread worms also very common.

FRASERBURG.—DR. WILLIAM A. CARDEN, DISTRICT SURGEON.—General health of District has been very good during the past year. No outbreak of Infectious Disease. Night-soil is now collected in galvanised iron cart; household and other refuse collected in Scotch cart and deposited on veld below lower end of village. Clothes-washing is mostly done in the back-yards of houses, but some at upper end of village near the fountain, but below the windmill pump from which drinking water is obtained. Several tenements occupied by Coloured people in the village require pulling down or putting into thorough repair. No arrangements for medical inspection of school or scholars; such an inspection would be of great value if only to discover how much glandular trouble there is among the village children. Tuberculosis widespread among the Coloured people and spreading to the European community; it seems probable that some cases beginning with glandular enlargements have arisen from infected milk. Syphilis not very prevalent. A properly qualified midwife would be a great benefit to this District, but necessity of having one is only apparent to the more educated farmers, and unless a law were in force preventing unqualified midwives from practising it is scarcely likely that a qualified midwife would care to practise here, as her charges would naturally be somewhat higher than the present "handy woman" asks.

WILLISTON.—No report: District Surgeoncy has been vacant since 31st March, 1907.

GEORGE.—DR. C. OWEN-SNOW, DISTRICT SURGEON.—Water-supply unchanged; it would be advisable to enclose the stream above the intake with a substantial barbed-wire fence; supplementary supply is desirable and has been under consideration; the scheme has, however, met with a good deal of undeserved opposition; if extra supply were available water might be more generally laid on and the open furrows done away with. Pail closet system is in operation; night-soil is disposed of by the householders themselves on their plots of ground; in spite of

the recent visit of the Assistant M.O.H. for the Colony and his advice, no steps have been taken to replace this primitive method by one under Municipal control; a large percentage of the closets in the town are in a deplorable condition. Clothes-washing done in any stream or furrow that is handy; such operations might with advantage be confined to the lower end of the town. Overcrowding exists and is very regrettable in view of the increase of Phthisis among the Coloured. Building Regulations to ensure proper ventilation and lighting of houses are urgently required. Slaughter-houses fairly clean; they should have cement floors. There is room for improvement as regards cleanliness in the carrying, handling, and storing of fish, meat, etc. Cattle kraals and pigstyes not kept as clean as they might be. No Native Location. No Hospital; there is an unfurnished building of 6 rooms near the prison, built during the Small-pox scare on the £ for £ principle; now used by the Government for accommodation of lepers, syphilitics, lunatics and paupers; D.S. considers it most undesirable that it should be used to house paupers. Sanitary condition of school satisfactory; a new and up-to-date girls' school recently built. 23 cases of Enteric Fever reported during the year, most of them at Lang Vlei; outbreak dealt with by the Divisional Council. 2 cases of Diphtheria during the year, also a mild epidemic of Scarlet Fever. 859 patients gratuitously vaccinated. Tuberculosis undoubtedly eclipses in importance all other diseases in the District; chiefly affects the lungs; 36 cases reported during the year, 33 of which were in Coloured persons; dissemination of knowledge of the nature of the disease and the framing and enforcing of Building Regulations to ensure proper ventilation and lighting of houses seem to be the two practical means to combat the disease. Syphilis not very prevalent; 14 cases treated during the year under C.D. Act. One or two sporadic cases of Cerebro Spinal Meningitis seen. Bilharzia almost non-existent. Round-worm common in children; Tape-worm not common.

GLEN GREY.—DR. THOMAS D. McLAREN, DISTRICT SURGEON.—Water-supply unchanged. During the year a public abattoir has been erected some distance from the village: the ventilation is inadequate. A number of cattle kraals exist in the village, and open on to the public footpaths; the abolition of these would be a great improvement. The public cemetery is excellent. Public School not inspected, owing to the School Board objecting to the inspection. A few cases of Enteric have been notified in the District, most probably due to pre-existing cases in the same locality; 4 deaths from Enteric Fever registered. Seven outbreaks of Small-pox occurred, with 27 cases and 2 deaths, all Natives. Only 6 cases of Tuberculosis notified during the year. Syphilis very rare. Some, if not most, of the cases notified as Enteric Fever are probably really Undulant Fever. Two fresh cases of Leprosy discovered, both of the "mixed" variety.

CORDONIA.—DR. E. H. PHILLIPS, DISTRICT SURGEON.—Water-supply unchanged; an understanding has recently been arrived at between the Government and the Municipality whereby the sale of certain village erven has been authorised on condition that the proceeds are reserved for the construction of some definite scheme to better or supersede the existing water-supply; this is a step in the right direction. There has been a great loss of efficiency in the collection and disposal of night-soil, probably due to changes in the Sanitary Staff; night-soil is dumped twice a week near the cemetery, a few minutes' walk from the village; nothing is done to cover or disinfect the excreta, and an intolerable nuisance results; the new Inspector is endeavouring to remedy this. No system of slop-water removal; backyards generally odorous with continued douches of soapy water; two or three outbreaks of sore throat are supposed to be due to this. Washing done by coloured people either at private houses or at river's edge; no nuisance while the river is flowing. Many, if not all, the huts in the Location are overcrowded, and otherwise unfit for human habitation. The rooms used by the farmers at "Nachtmaal" are unfit; few of them have any sanitary appliances, and it is not uncommon to see children depositing their excreta in the sand round the rooms; often two or more families occupy one room from Friday to Monday. No water-supply to the Location; the inhabitants have to walk a quarter of a mile to the water furrow; a well near the Location is a real necessity; closets in the Location are too few in number; it is impossible to keep them clean with two removals weekly; they are generally in a filthy condition, and the Natives prefer to deposit their excreta round their dwellings or on the top of the kopjes at the base of which the Location is erected; the general cleanliness of the Location is bad, and the mortality among the Natives is high. No hospital accommodation of any sort within the District; District Surgeon refers to his previous reports for 1902-3-5, where the matter was previously dealt with. The A3 school at Uppington is very overcrowded. Scholars drink furrow water stored in a barrel; it is sufficient in quantity, but bad in quality:

no system of medical inspection of children. No epidemic of Infectious Disease in the District during year. A few cases of Diphtheria occurred in April; Tuberculosis greatly on the increase among coloured people; generally Miliary, and cases invariably fatal. It was introduced into this District by a coloured transport-rider; several cases occurred directly traceable to this one man. Syphilis said to be on the increase in the back country districts; probably due to inter-mixture with Native refugees from German West Africa. Nothing is being done to check its spread, as it is impossible to treat cases as outdoor patients; it would probably help if the C.M.P. were to order all Syphilitic Natives into Uppington, where they could, in the absence of a hospital, be treated by the District Surgeon, pauper rations being provided. Malta Fever less often met with now than formerly; many cases were seen in 1899-1900; the local name for the disease being used—River or Typho-Malarial Fever; the District Surgeon has no reason to alter the opinion then expressed that the disease was in reality Malta Fever with South African variations.

GRAAFF-REINET.—**DR. H. C. HUDSON, DISTRICT SURGEON.**—No improvement in regard to water-supply; efforts are being made by the Municipality to increase the supply at the source, but so far have resulted in no appreciable difference. Provision has been made for the removal of slop-water at so much a week for those who care to avail themselves of it, otherwise there is no change as regards the sanitary removal system. Clothes washing is mostly carried on at a spring in the Sunday's River below the town; in times of drought the water at this spot is most offensive. Overcrowding is still rampant in the Location. The Sanitary Inspector inspects meat exposed for sale in the Morning Market; latterly an Inspector has been appointed to supervise slaughter-houses. Milk is generally sold in bottles, which are very difficult to cleanse thoroughly; one or two dealers are now carrying it in large tins, which is a great improvement on the old method. Numbers of small stock continue to be kept in many of the yards during the night, and are a source of nuisance and discomfort. The Location remains the same. The D.R. Church has been granted a site for a new cemetery to the south of the town, as the present burial-ground is almost full. No further steps have been taken to allay the dust; one small water-cart is wholly insufficient to cope with this nuisance. Stable refuse continues to be deposited at any convenient spot alongside the chief approaches to the town. The Lazaretto was burned down some years ago, and has not been replaced. No arrangements for the medical inspection of schools or school buildings. The mortality from Enteric Fever has been much reduced owing to more people availing themselves of hospital treatment. No vaccination has been carried out. Tuberculosis is still on the increase among the Natives and Coloured people. There have been a large number of cases of Syphilis in the town and District during the year.

NEW BETHESDA.—**DR. P. A. HOOLE, ADDITIONAL DISTRICT SURGEON.**—Water-supply is pure at origin, but after entering the village in open gutters it deteriorates; notwithstanding this, the supply is wholesome and abundant. Cesspits are in universal use; night-soil, slop-water, and refuse are deposited therein. A few of the inhabitants favourably situated use well water for drinking purposes. Washing done at the lower end of the village. No overcrowding. The keeping of swine is prohibited by the Municipality; no deleterious effect from the keeping of a few cows and sheep. The cemetery is kept in a fairly sanitary state. No nuisances exist. Sanitary condition of schools and school boarding-houses good. No outbreak of any Infectious Disease has occurred during the past year.

HANOVER.—**DR. JAMES WILSON, DISTRICT SURGEON.**—Water-supply excels both in quantity and quality; piped all the way from source to delivery; pipes flushed at short intervals; surface drainage of streets might be improved. Sanitary accommodation of dwellings generally of a satisfactory nature, except in Location, where there is no provision; Council have been urged to provide latrines, but without success; no alteration in sanitary removal arrangements; no public slop-water cart; only a few private householders have their slop-water carted off. Clothes washing chiefly by coloured women at wash dam, about 500 yards S.W. of village; District Surgeon has suggested for years past that Council should construct tubs with water laid on and charge for their use, but no action has been taken; clothes after washing are usually dressed and ironed in coloured women's houses. Four coloured householders found guilty in Magistrate's Court of having their dwellings overcrowded. The only Regulation bearing on the sanitary arrangements of new buildings is that each shall be provided with sufficient and suitable latrine arrangements. Shambles are too close to village and arrangements altogether defective. Butcheries and bakeries satisfactorily kept. Sanitary Inspector, who is general factotum to the Council, supervises the produce exposed on the

market, and any suspicious piece of meat is usually brought by him to District Surgeon for inspection; no other means adopted for detection of unsound or unwholesome meat or other food. Cemeteries—White and Coloured—are in fair repair; the walls of a disused cemetery in the village are in a very damaged state. No hospital or isolation accommodation. Kindergarten room in new school quite inadequate in size: overcrowding in Burgerville school amounts to a public scandal; ventilation and lighting of latter also very bad; no arrangements made for the medical inspection of any of the schools or for dealing with mental or physical defects of the children; District Surgeon has persuaded School Committee to require medical certificate before re-admission of a child who has had Infectious Disease. A few cases of Enteric early in the year—one imported from Richmond District; Scarlatina very prevalent. District Surgeon finds Tuberculosis in Natives a very hopeless disease to treat; disease is increasing among the coloured people; Local Authorities should thoroughly disinfect rooms, inhabited by tubercular patients, after their decease. No primary or secondary Syphilis; a good few tertiary and congenital cases exist. Three cases of Malta Fever occurred in the District during the year; the first was imported from Fauresmith, O.R.C., the other 2 cases—both European—had been continuously resident in Hanover; disease was identified by several elderly Dutch people as the “Slepende Koorts,” which appears to have been fairly prevalent in the District about 30 years ago. Births during the year, 68 European and 70 Coloured; deaths, 24 European and 46 Coloured, of whom 6 were from Tuberculosis.

HAY.—DR. JOHN CRANKE, DISTRICT SURGEON.—Public water-supply has been dry for many months; Village Board attempted to open it, but failed. Nothing is done to ensure healthiness and proper sanitary arrangements in new buildings. An Inspector has been appointed to inspect butcheries, bakeries, etc. No means of detecting unsound or unwholesome meat. Native Location much cleaner than previously. The old burial-ground mentioned in last report has been put in order. Surroundings and streets of the village have been thoroughly cleansed. Health of scholars and cleanliness and sanitary condition of school good. One case of Enteric Fever—a European—occurred in the District during the year; no Small-pox; 30 children vaccinated; 2 cases Puerperal Fever; midwifery practice mostly in the hands of untrained and ignorant women. No cases of Anthrax seen in man, but many in sheep and goats; it is also fairly common in horses.

POSTMASBURG.—DR. L. E. ASHLEY-EMILE, ADDITIONAL DISTRICT SURGEON.—Water-supply of District derived from wells and streams and from rain-water tanks; the ordinary well water is very “hard”; no public source of supply. No latrines, except in connection with two or three houses in the village; people make use of the ground adjoining their houses; those who have pail closets employ a Kafir to carry out removals at a cost of 1s. a week. Slop-water and refuse deposited anywhere; quantities of refuse deposited on either side of main road close to village, causing an unbearable nuisance; dead dogs and carcasses of animals have been deposited in the open and allowed to decompose for months; attention of V.M. Board should be drawn to this nuisance; all the refuse should be deposited in a hole for the purpose at a suitable site; dead animals should be buried; Police should see that this is carried out, and defaulters should be prosecuted. Owners of houses should be required to provide suitable latrine accommodation; V.M. Board should arrange for removal and disposal of all night-soil, a sanitary tax being levied for the purpose. No overcrowding; dwellings fairly good, excepting 2 houses, which are dilapidated. No public slaughter-house; the local shopkeeper and proprietor of the hotel carries on the trade of a butcher; he should be asked to build a suitable slaughter-house. Water-supply to Location derived from stream adjoining; supply is constant; water satisfactory in quality; no night-soil arrangements; the general sanitation needs attention. Cemeteries in good order. No Hospital accommodation. School has hitherto been under the control of the Church (Dopper), it is now under Government; A.D.S. would like instructions as to the medical inspection of the school and children attending.

HERBERT.—DR. CHARLES A. PHILLIPS, DISTRICT SURGEON.—Steps have been taken to better the condition of the water-supply, which, however, remains as last reported. Clothes washing is generally done on the banks of the Vaal. Two slaughter-houses in the town; too near dwelling-houses to be sanitary. Many complaints are heard about cattle kraals. Horses allowed to roam the streets at night. Public School most inadequate as to accommodation; it is a disgusting sight to see the scholars rushing to the irrigation furrow and drinking from it; a supply of pure drinking water should be provided for them. Outbreak of Scarlatina occurred in July. Vaccination tour in District north of Vaal River in July; only some 115

persons vaccinated, due mainly to the fact that inadequate notice was given. Tuberculosis on the increase. Syphilis also on the increase; no C.D. Hospital. One imported case of Malta Fever from the Hay District. Puerperal Fever is kept up by the use of unqualified midwives; steps should be taken to supply registered midwives, and at the same time to prohibit the employment of the time-honoured—or dishonoured?—"old woman," who does much to spread the use of objectionable customs among ignorant farmers; several cases of Puerperal Fever have come to notice of D.S. where he has been sent for just in time to sign a death certificate, as it were, of both mother and child, where the former has been four days in labour; he feels confident that the midwives keep the case on so long in order to prevent adverse criticism by the medical man.

HERSCHEL.—DR. P. MILLARD, DISTRICT SURGEON.—No epidemic disease during the year, except a few cases of Enteric Fever, due to deposition of night-soil in dongas. Huts poorly ventilated and overcrowded at night, but for the most part they are kept clean. Native population nearly 40,000, and increasing rapidly; European population, 280. Cemetery at Herschel Village has been thoroughly repaired during the year. Two European schools and a number of Native schools; D.S. visits them periodically. Tuberculosis undoubtedly spreading; so far it is rare and entirely pulmonary; generally of acute nature; treatment useless and prognosis hopeless. Syphilis uncommon; a few cases from the Basutoland border under treatment; disease said to be rife in Basutoland. Malta Fever has remarkably decreased; only a few mild cases, yielding rapidly to quinine. Forty lepers still at large in the District; both the patients and their friends are desirous of the former being removed to an asylum; 3 more cases have been certified lately; unless infected persons can be immediately segregated, Leprosy is bound to increase.

HOPETOWN.—DR. J. J. O'REILLY, DISTRICT SURGEON.—Water-supply from fountain augmented during the year by some 30,000 gallons daily, which is used only for irrigation purposes; unfortunately, the engine, which is upon a pontoon in the Orange River, broke down and has not been repaired. Pail system in use for night-soil; bi-weekly removals. Clothes washing done in Orange River: no nuisance. No overcrowding. Slaughtering and butchers' shops satisfactory. D.S. recently appointed Health Officer for the town, and supervises the sale of meat. Location satisfactory; water-supply from Orange River. Cemeteries clean and well kept. Isolation Hospital half a mile from the town, owned by Municipality. C.D. Hospital owned by Government closed since 1904. Schools and school boarding-houses clean and well kept, both being quite new buildings. Notifications during the year: Malta Fever, 13; Typhoid, 2; Pertussis, 4; Scarlet Fever, 6; Leprosy, 1; Diphtheria, 1. Typhoid Fever cases traceable to questionable drinking water. The Malta Fever cases occurred only during the hot weather, and were found in both White and Coloured alike; unfortunately, D.S. contracted the disease himself; in the 13 cases and in his own case the blood gave a positive reaction to the M. Melitensis; the Government Bacteriologist, Dr. Robertson, kindly undertook the examinations gratis; quite another 15 cases came under D.S.'s notice, but he was unable to get any bloods for examination; one household had both father and mother and 3 of their children sick with the same complaint; blood samples taken in 2 cases: both reacted positively; a few cases, including that of D.S. himself, had never drunk goat's milk; D.S. thinks a certain species of mosquito was the infecting agent; possibly the same insect infects goats, which would account for their milk and blood giving a positive reaction to M. Melitensis; if cases are diagnosed in the first week it is quite possible to cut short the attacks to, say, a month; if left untreated, six months to a year is the usual duration of the disease. Tuberculosis very prevalent among the Natives. Syphilis fairly prevalent. 229 vaccinations in the village during the year; all primary; 97 were unsuccessful.

STRYDENBURG.—DR. C. G. WOODS, ADDITIONAL DISTRICT SURGEON.—Water-supply unchanged. Night-soil removal on pail system; refuse removed by contract; sanitary accommodation of dwellings satisfactory. Abattoirs established outside the village; improved since last report. No overcrowded or unfit dwellings. Location satisfactory; good water-supply from a recently-opened well. Cemeteries satisfactory. An epidemic of Measles, a few isolated cases of Tuberculosis and one of Enteric Fever during the year; Local Authority has done everything necessary to prevent spread. About 70 children vaccinated during the year; success has been good; lymph excellent.

HUMANSDORP.—DR. J. J. COULTON, DISTRICT SURGEON.—Water-supply from spring 4 miles from town; led through an open furrow to filter beds a quarter of a mile above the town, and thence distributed by pipes; surplus used for irrigation and supply of Location. A good pail system (voluntary) in use for night-soil;

D.S. understands it will be made compulsory; pails are kept clean and disinfected each time after use; special pails used for infectious cases. One slaughter-house; much of the slaughtering is done on a private farm, the owner of which put himself voluntarily under Municipal inspection; both places reasonably clean and well conducted. European and Native Cemeteries well kept. Wood and iron isolation building of 2 rooms, each 12 feet by 12 feet, owned jointly by Municipality and Divisional Council. School-house is a Government building about 10 years old; is a little small, but is otherwise healthy. 2 or 3 doubtful cases of Typhoid at Jeffries' Bay during the year; first case infected in the Long Kloof. 1 doubtful case of Diphtheria. 25 vaccinations at Humansdorp and 82 at Hankey during the year. Tuberculosis very prevalent; of 183 deaths of Coloured adults, 72 are registered as Consumption; there were probably a good many more deaths due to this disease. Tertiary and Inherited Syphilis very common.

HANKEY (Municipality).—Water-supply derived from the Klein River, a small stream which runs through the village; water is good when the river is running strong, but when, as now, the river is standing, the water in the holes smelling and the pigs lying about in it without let or hindrance, it must be classed as distinctly bad. No system of night-soil removal and no sort of sanitation.

KRUISFONTEIN (Village Management Board).—Water-supply from 2 or 3 streams: of fair quality. Place is neat and well kept; houses are scattered.

CLARKSON (Mission Station).—Water-supply from mountain stream. Whole village is neat, clean and well kept, but there is no formal sanitation.

JANSENVILLE.—DR. P. J. HENDERSON, DISTRICT SURGEON.—General health of District good; no epidemic of any kind during the year. Deaths 137, births 367; Pneumonia and Consumption again topped the list of deaths. An engine house has been constructed over the engine driving the water from the borehole in Market Square. The drainage of even bath water into the streets is not healthy. There are complaints regarding the absence of a system of slop-water removal, but this will no doubt come as soon as the Council see their way to carry it out. Clothes-washing is carried on in the bed of the Sundays River; Native huts are often dens of sickness, and the idea of one's laundry work being done therein is not pleasant; a small laundry, or at least a shed for working in, should pay its way. The old cemetery beside the Public School is an eyesore, and would be better if removed. The need of a small Hospital or a District Nurse is very great. Health of schools good; no system of inspection. No outbreak of Diphtheria or Enteric; an outbreak of Small-pox occurred in July at Klipplaat; 1 case in an Indian coolie, the other in a Hottentot girl; 54 persons were vaccinated. As stated last year, the present system of public vaccination is unsatisfactory; a house to house vaccination tour by capable men, and later on inspection, the unsuccessful ones being done over again by the District Surgeon, would be much preferable. Tuberculosis is on the increase, especially among the Natives; notification is now carried out, and should help in the isolation of such cases; a nurse could do a great deal towards educating Natives how to treat cases and how to avoid spreading the disease. A good many cases of Syphilis; the Act does much good; the Police should be encouraged to bring in primary and secondary cases, which are the dangerous ones and should be isolated in Hospital; the outdoor system works better than the indoor for tertiary and congenital cases who are no great danger to the public. There is reason to believe that Malta Fever exists; one case was seen during the year at too late a stage to make a certain diagnosis, but it gave a typical history of the disease.

KENHARDT.—DR. J. R. SINTON, DISTRICT SURGEON.—Water-supply unchanged despite the efforts of the V.M. Board; a borehole about 90 feet deep put down during the year near the Driekop Wells and a plentiful supply of water struck, rising to about ten feet from the surface; beyond sinking the hole nothing has since been done; periodical gaugings of the supply from the Driekop Wells made by Government during the year; smallest measurement after long drought was about 8,000 gallons per diem; this is the amount which would flow by gravity into Kenhardt; if pipes were laid down a much larger supply could be got by pumping, but 8,000 gallons ample for village; at present the consumption is only about 2,000 gallons per day. Sanitary accommodation of dwellings in many cases very unsatisfactory; no organised method of collection and disposal of night-soil, etc. Clothes-washing and laundry work carried out anyhow; much done close to the wells, entailing risk of pollution to the latter. Many dwellings overcrowded and unfit for human habitation; the V.M. Board Regulations are apparently efficient but are not enforced. District Surgeon is not aware of any regulations dealing with new buildings. Slaughtering done at "Slaughter Poles" outside the

village. Butcheries and bakeries satisfactory; aerated water manufactory is carried on in unsatisfactory manner. No improvement whatever to Location since last report as regards housing of Natives; they keep encroaching on the village. Some dwellings overcrowded and filthy, and as the Native prefers the veld to any sanitary convenience the wells and tanks of the village must be polluted by the wind-distributed excreta. Sanitation and sanitary accommodation and ventilation of the Kenhardt Public School leave much to be desired; no water supply; Kakamas Public Schools are most unsatisfactory. 6 cases of Enteric Fever and 2 of Diphtheria notified to Local Authority during the year; Tuberculosis very rare; 4 cases during the year. Syphilis is not very prevalent; only three cases on the C.D. list.

KIMBERLEY.—DR. W. W. STONEY, DISTRICT SURGEON.—The local Waterworks Company has attempted, with a considerable measure of success, to clarify and adequately filter the water-supply to Kimberley and Beaconsfield; after much investigation and testing, a magnesian limestone containing manganese was obtained from Irene, which, on being introduced in definite proportions according to the opacity of the water, gave good results, by throwing down a thick deposit, fairly rapidly carrying the suspended matter with it; the upper layers of water are then drawn off and pumped to the reservoir in Kimberley, where the area of the filter beds has been almost doubled during the past year; there has been a decided improvement in the water supplied through the mains; it is understood that still more successful results are anticipated from limestone obtained from Bloemhof, followed by the addition of Permanganate of Potash. During the year the Board of Health erected an Isolation Hospital for Infectious Diseases on a site granted by the Borough Council near the Small-pox Lazaretto; accommodation for 12 beds has been provided for the treatment of Diphtheria and Scarlet Fever, provision being made for separation of European and Coloured patients, together with an administration block. Notifications during the year to the Board of Health totalled 382, including Enteric Fever 142, Scarlet Fever 134, Erysipelas 68 and Diphtheria 27. Two cases of Small-pox occurred, one in the Location and the other in the country; 2,116 vaccinations performed during the year. The figures for Enteric Fever are higher than during any year since the war; of the 142 notifications, 100 were of cases in Europeans. There has been a slight increase in the prevalence of Diphtheria; during certain seasons of the year non-diphtheritic septic sore throats are prevalent; this usually commences in the dusty months of August and September and continues during the spring; these septic conditions and cases of simple follicular tonsillitis were unduly prevalent during the year. Scarlet Fever prevalence was somewhat high, but it is usually very mild. Erysipelas has apparently come to stay so long as the septic conditions already mentioned prevail; there has been a decided increase in the number of notifications during the year. Syphilis: 322 cases were treated during the year; 40 of these, including 1 female, were Europeans; 50 cases remained under treatment at the end of the year. Six cases of Leprosy were certified and removed to Robben Island—all male Natives. There has been an increase in the number of persons certified as of unsound mind, and the usual delay in getting the cases detained in the Gaol Hospital (12) transferred to a Lunatic Asylum; the average stay of cases detained in the Gaol Hospital was 30 days, and the maximum period was no less than 134 days; the surroundings of necessity associated with life in a gaol are usually the very worst in which to successfully treat a case of mental derangement in its early stage, when it is most amenable to treatment under proper conditions; a comparatively large number of alleged lunatics were temporarily detained in the gaol. Alcohol and dagga smoking continue to be the chief causes of mental derangement and show no indications of abatement; during the year 19 persons were certified as of unsound mind, whilst there were 29 uncertified cases of alleged lunacy under observation during the year. During the latter part of the year, owing to the influx of scholars, due to the reduced fees, the branch schools under the supervision of the School Board became overcrowded; there were no funds available for building new schools, but the Board hired rooms and converted them to serve the purpose temporarily as schoolrooms; they also excluded all scholars under five years of age.

WARRENTON.—DR. H. VERMAAK, ADDITIONAL DISTRICT SURGEON.—General health of District excellent during the year; no serious outbreak of disease, excepting Syphilis, which effects the Natives to a very large extent; in a good many instances the White population on the farms have been infected by the Natives. The sanitary conditions of the village are not all that could be desired, but they seem to be managed as well as the economic conditions allow. Water-supply good throughout year. Night-soil is disposed of satisfactorily; dirty water is, however, just thrown anywhere. Slaughtering is well carried out. Most of the inhabitants keep

cattle, sheep or pigs, but, there being plenty of room, no harm results. The Location is clean and well managed and night-soil satisfactorily disposed of. The Cemetery is in a good position and well kept. No Enteric Fever; only 5 cases of Diphtheria—4 in the village and 1 in the country—all single cases with long intervals between; 1 Small-pox case, which came from the Transvaal, occurred; the village had been well vaccinated in 1906; only 18 persons were vaccinated during the year. 32 cases of Syphilis were treated during the year. There were a few cases of Malta Fever during early part of year.

KING WILLIAM'S TOWN.—DR. HENRY M. CHUTE, DISTRICT SURGEON.—Water-supply abundant but at times turbid and discoloured; new water scheme in progress but not yet completed; a dam is in process of construction, but work has been delayed by financial difficulties owing to general depression; when the dam is completed there will be an increased head of water of 200 feet, which will enable the highest portions of the town to be supplied; the whole supply will pass through polarite filters; the reservoir will have capacity of 750,000 gallons. The drainage scheme instituted some years ago is still being carried on; most of the streets are laid with stone drains and concrete channels; the increased water-supply will render regular flushings possible, and will minimise evils resulting from only method now available for dealing with slop-water, namely, by pouring it into the empty gutters. To remove evil entirely a system of removal of urine and dangerous slops should be instituted; need for such a system increases every year; the soil in immediate vicinity of dwellings is constantly fouled by scattering of these dangerous fluids; freedom from Enteric Fever cannot be hoped for so long as this source of continued soil pollution exists. The pail system for night-soil works admirably. Clothes-washing is carried out largely in the back-yards of houses, and the soapy water runs into street gutters; Native women and coolies take clothes to river; no public wash-houses yet established, although the Council have had plans prepared, and scheme has only been postponed owing to lack of funds. Overcrowding and unfit dwellings only occur in relation to large and increasing number of Natives permitted to live in town; it is a difficult problem to deal with, as there are so many vested interests involved. An outbreak of Plague in town—the first cases occurring in some of these shanties—has caused inspection of them all to be instituted; some have been closed, and sanitation enforced as far as practicable in all. It is estimated that 1,630 Natives live and sleep in dwellings in town, and this number is greatly on increase. Public abattoirs continue to work satisfactorily; drainage is not yet quite satisfactory it will have to be led into river by pipes. Butcheries, bakeries and dairies and meat exposed for sale are regularly inspected; no prosecutions for unsound meat undertaken during year. The keeping of cattle, particularly cows, is better supervised than formerly; vendors of milk are required to register and obtain a licence: the cowshed and premises are inspected before a licence is granted, and are subject to a regular periodical inspection. There are 3 Native Locations. The Council are endeavouring to locate the Natives in the Ginsberg Location, in which the huts built by Council—of a definite size, plan and shape—are very large, roomy, well ventilated and have proper doors and windows; each has a fair-sized plot of ground attached, the town water service is laid on, and sanitation is supervised. The Council desire to locate the Natives in this Location, but one difficulty is the existence of the old original Location of Brownlee Station, which was formerly established by the London Missionary Society; this had a grant of 2 acres of land, increased afterwards by a Certificate of Reserve by a further 8 acres; all this has been built on, is crowded with huts of various sizes and shapes; spaces between them are insufficient, and Location is in a most unsatisfactory condition of defective sanitation; Council have not complete control of it as it is a Reserve, and the Trustees have apparently no legal powers to levy any rate for necessary sanitary revenue; the Location is too near the town, and should be removed. The Cemetery is admirably managed by a Burial Board. No Isolation Hospital exists; an arrangement has been made with Government for use of certain huts and buildings in Plague Camp for treatment of Small-pox cases. No system of medical inspection of schools and school boarding-houses. During year there have been 25 notifications of Enteric Fever in Europeans and 8 in Coloured persons, showing a progressive reduction since 1905; one cause of this is no doubt the continuous improvement of the drainage; as system becomes extended polluting of back-yards and gardens will become less frequent. Only 3 cases of mild Diphtheria and 2 of Scarlet Fever occurred. There was a recrudescence of Plague and 12 cases were notified, all in Europeans, and 8 in Natives; outbreak was dealt with by Government. One case of Small-pox was admitted to Gaol during incubation stage; Small-pox has been very prevalent in District during the later months of year: chief means relied upon to prevent spread has been

vaccination; isolation of the infected people has been left to headmen. Tuberculosis is very prevalent among Natives in Locations, both town and country, and there are several destitute cases; it is not right that only shelter available for such should be Gaol Hospital. Syphilis is not very prevalent, owing, it is believed, to satisfactory working of the C.D. Act, Part II. of which has a most beneficial influence in controlling disease. Bilharzia Hæmatobia is endemic; it is not quite so prevalent as in former years, owing to danger of infection by bathing in Buffalo River being so well known.

KEISKAMA HOEK.—DR. J. H. ELMES, ADDITIONAL DISTRICT SURGEON.—The water-supply is from an open furrow diverted from the Gxulu Stream which drains the Gxulu and Cata Valleys, both thickly populated by Natives whose ideas of sanitation are primitive; both river and furrow liable to pollution. Night-soil disposed of in cesspits and buckets; no system of removal. Washing done on the banks of river or furrow below village. Cattle and swine are kept in village and have free access to water-supply. Native Location generally fairly clean; water-supply is derived from the adjoining streams, which also receive the surface drainage from the bush surrounding the Location; the bush is the only latrine accommodation. The local cemetery is well kept; there is no Native cemetery; bodies are usually buried anywhere within a few yards of the hut. Schools are well-lighted and ventilated; water-supply from rainwater tanks; no system of medical inspection. Three cases of Enteric Fever occurred in village and one in "Police Reserve" during year; no deaths; A.D.S. considers that the disease was water-borne. Two cases of Small-pox discovered in December at Goba's Kraal; infection conveyed from King William's Town. 42 cases of Pulmonary Tuberculosis observed during year; 11 cases of Syphilis.

MIDDLEDRIFF.—DR. J. H. ELMES, ADDITIONAL DISTRICT SURGEON.—Water-supply from Keiskama River; there is a borehole in Gaol yard, the water from which is slightly brackish and very hard. Cesspits are used for night-soil; no system of removals. Washing is done on the river bank below the village. Cattle and swine are kraaled in the vicinity of dwellings. Locations generally are clean; their water-supplies are derived from adjacent streams; stercus and rubbish are deposited anywhere in the surrounding bush. The small European cemetery is well kept; no recognised Native burial grounds. Local school well lighted and ventilated and in a sanitary condition. Outbreak of Small-pox—2 cases—in the Amatola basin in February; one died; 111 persons vaccinated.

KNYSNA.—DR. W. H. HAW, DISTRICT SURGEON.—No water scheme having as yet been carried out, the inhabitants are dependent upon rainwater collected in underground tanks and wells, of which there are several; during periods of drought supply is very inadequate, especially with the poorer class in the lower part of village. The pail system is in use for night-soil removals, which take place once a week by night-wagon. Slop-water is either thrown into the night-soil buckets or buried in the earth, or sometimes thrown into gardens or street watercourses. Refuse is collected once a week by Municipal cart. Washing is done by private women, entailing danger of the conveyance of vermin and Tuberculosis and the temptation to washerwomen and their families to wear the articles of clothing; also there is a danger of polluting the streams in the neighbourhood. Overcrowding exists among the poorer class and some of the dwellings are unfit; in regard to new buildings they must be at least ten feet high; this, the District Surgeon understands, is the only sanitary regulation governing their erection. There are two slaughter-houses on the banks of the river, one of which is kept in a dirty state; bakeries and butcheries are not regularly inspected, and this is a matter which should be seen to; the street-keeper has no record of pigstyes or cattle kraals; the D.S. has known of one sty causing a nuisance, but this has now been remedied. The Native Location is practically part of the village. There were no complaints in regard to the cemetery. No Hospital accommodation except a disused C.D. Hospital. Schools satisfactory; no system of medical inspection. No epidemics except Influenza and Enteric Fever; the latter occurred at Sour Flats, Bezuidenhouts Kraal, Kraai Bosch, Roode Kraal and Eland's Kraal, 34 cases in all with 15 deaths; the first case was discovered in December, 1906, but on account of anomalous symptoms the disease was not correctly diagnosed, one diagnosis being Cerebro-spinal Meningitis and the other Pneumococcal infection, occurring in the course of (probably) Influenza; later the symptoms of the cases became more typical and Typhoid could be clinically diagnosed; the Widal test was also positive; the epidemic was not over when the hospital camps were broken up on 9/7/07; the infection was no doubt conveyed by the water-supply, but the District Surgeon is under the impression that the houses were impregnated by the poison and the infection thus occurred:

the Divisional Council handed over the management of the epidemic to the District Surgeon; tents were put up at Sour Flats, Bezuidenhouts Kraal and Kraai Bosch; the case at Roode Kraal was treated in patient's own house; those at Eland's Kraal also remained at home. A head nurse was appointed and provided with trap and horse. Also a White and Coloured nurse were appointed, together with a messenger and Superintendent of Disinfection and two coloured labourers; washerwomen were also employed at Sour Flats and placards giving instructions regarding the fever were distributed to all farms in the neighbourhood; drinking water was ordered to be boiled and closets were ordered to be made—an order very partially carried out; every precaution was taken to prevent spread; when the camps were broken up everything was disinfected and the materials stored at the C.D. Hospital; the camp was broken up owing to want of funds, but the patients were all convalescent except one Coloured girl, who was taken back to her hut; some cases occurred for some time but there was no mortality, and the disease appears to be now quite quiescent; one of the nurses contracted the disease at Sour Flats and subsequently died in the village. Vaccination was recently carried out in town and district and the results were uniformly satisfactory. 35 deaths out of a total of 183 were due to Tuberculosis, a disease very rife among the Coloured people; nothing is done in the way of prevention; prevention of drinking among the Coloured people would have many salutary effects, especially as a preliminary measure in the fighting of Tuberculosis. Twelve cases of Syphilis on the C.D. list. Tape-worms occasionally occurs; Thread-worms are common, and the majority of children suffer from *Ascaris Lumbricoides*. The D.S. has met with one case of Pulmonary Actinomycosis.

KOMGHA.—DR. A. CARRINGTON SEALE, DISTRICT SURGEON.—Water-supplies and sanitary removal system unchanged. A portion of Commonage below spring at North end of village has been marked off by the Local Authority where all the washing is done, the laundry work being finished at home. Slaughter-houses satisfactory. No swine in village. Location water-supply obtained from spring at North end of village, which yields about 40,000 gallons per diem: its quality is good; most of the water used for cooking is rainwater stored in tanks. There are two cemeteries, one for Europeans and the other for Natives; the former is now almost full; it will be necessary for the Municipal Council to select another site at an early date; the Native burial ground is satisfactory. One case of Enteric Fever occurred, traced to the East London District; also a case of Diphtheria. Small-pox has been prevalent; the first case was discovered on 12th April and the last on 14th December; the disease was without doubt introduced into District from Stutterheim District near the Kubusie River; the outbreak was, on the whole, of a mild nature; thorough vaccination was performed by District Surgeon and C.M.R. vaccinators throughout the entire District; quarantine was raised for the last case on the 31st December, and no further case has been discovered since the 14th December; the total number of cases discovered was 90, including 11 Europeans; the deaths were 6, all in unvaccinated cases in Natives; total vaccinations performed, 11,679. In the event of any further outbreak the Local Authority should employ someone competent to thoroughly carry out disinfection; it is most unsatisfactory that this most important work should be left in the hands of a farmer or a Native who does not understand its importance.

KURUMAN.—DR. G. BEARE, DISTRICT SURGEON.—Water-supply of Europeans mostly from wells, some of which contain large quantities of inorganic impurities and are very liable to pollution from meercats, polecats, locusts, etc., falling into the wells when these are not carefully covered. Bucket or pit systems in use for night-soil; buckets usually emptied on the veld at some distance from the town. About two years ago the Magistrate made an order that no clothes should be washed within 50 yards of the Kuruman River, but this order is not strictly enforced. Overcrowding exists among the Natives. No regulations regarding the sanitary arrangements of private houses. Only one slaughter-house, which is well managed, but D.S. thinks police should inspect this and the sanitary arrangements of houses from time to time. Cattle kraals are too near dwelling-houses. Inspector of Natives tries during periodical visits to have the Locations put in a sanitary condition. Cemeteries are not insanitary, but are all in a dilapidated condition. Tuberculosis spreading, chiefly from Natives who go to work in Kimberley, become infected there, and on returning live on poor food under insanitary conditions. 114 Natives treated for Syphilis during the year; there are probably many more unreported cases.

LADISMITH.—DR. R. W. WATSON, DISTRICT SURGEON.—Water-supply pure and abundant; brought from the mountain in open furrows to reservoir and thence distributed by pipes; no danger of contamination. Night-soil is now removed by

the duplicate pail system; household refuse removed once a week; slop-water is thrown into gardens or sluits. Taps are now provided outside the town, at which most of the washing is done. There is a considerable amount of overcrowding amongst poor Whites and Coloured people. Regulations for new buildings are efficient, but are not always carried out. Slaughtering is done on the veld; a public abattoir has been promised, but has not been built; some of the butcheries are in unsuitable rooms with earth floors. No means adopted for inspection of food. In a few cases swine are kept in small yards, where they are a nuisance. No order, sanitation or water-supply exists in the Location, the insanitary state of which is a great source of danger to the town. A new cemetery has been authorised and will be opened early next year. During past year improvements have been made in the removal of night-soil and providing washing accommodation. A public abattoir should be erected, and mud cleaned out of the sluits should be removed at once, instead of being left to dry on the footpaths as at present. Eight deaths from Diphtheria were reported and 12 from Enteric Fever; the epidemic of Enteric which occurred in Ladismith and Van Wyk's Dorp in 1906 gradually died out; a few scattered cases occurred during year. Two vaccination centres were visited, at which over 200 children were vaccinated; the other centres in the District should be visited, as there must be 500 or 600 unvaccinated children. Not many cases of Tuberculosis seen during year. A good many new cases of Syphilis have been seen, but since gratuitous treatment has been stopped they generally lapse from treatment before being cured, and further spread the disease.

LAINGSBURG.—DR. H. W. STEPHENS, DISTRICT SURGEON.—The water-supply is still defective both in quality and quantity; the present supply is from the river bed from a trench about 15 feet deep; the water is pumped by an oil engine; the source and the open furrows are liable to every pollution; there is a difficulty in obtaining uniform action among the residents in the direction of obtaining a pure and wholesome supply. There has been no Enteric Fever for eighteen months, possibly because the water furrow and its banks have been cleaned occasionally; also the present furrow is more exposed to the sun than the one used up to March, 1906. The single pail system with its dangers and drawbacks is in use for night-soil. Refuse is removed once a week by the Municipal cart. Slop-water is disposed of by residents in any manner they see fit (statement in last annual report that slop-water was removed bi-weekly is an error). The majority of rate-payers prefer to keep their slop-water and their 3s. per month. Clothes-washing is done in the river bed, which is consequently polluted; wash-houses should be erected under Municipal control. Dwellings in the neighbourhood of the Mission Station and the Location huts are overcrowded, and in the former case the dwellings are too close together. Slaughter-houses have only earth floors and no proper water-supply; bakeries, dairies, etc., all come under the same class—faulty construction, no proper water-supply, and too close connection with living rooms. The keeping of animals should be more strictly looked after; the places where cows stand for milking should be cemented and otherwise more clean; sheep and goats should not be kraaled in yards around houses, and pigstyes should be kept cleaner. The location has no water-supply and no sanitary accommodation, and is only a shade cleaner and more tidy. The cemeteries are in the same neglected condition. As regards abatement of nuisances, the removal of night-soil is better, but still far from perfect; there is only a single pail system. Streets are kept better, and there is some improvement in the Location. No hospital accommodation in the District. Schools are in good order, but two rainwater tanks should be provided, so that the scholars may have good water at hand and not be compelled to bring little bottles of water to school with them or be dependent for water on the open furrow in front of the school; no system of inspection of pupils. Eleven cases of Tuberculosis notified during year; this disease is more to be dreaded in South Africa than any other; the D.S. draws attention to the prevalence among sheep of "Haarslag Ziekte," the description of which given by farmers would suggest Tuberculosis, and might possibly account for cases which have never left distant farms. Several cases of Syphilis seen during year. *Tænia Mediocanellata* is fairly common, and goats seem to be the usual intermediary hosts. Round-worms invariably present in children who drink exposed water; thread-worm also common. Hydatid disease is not infrequent; five cases seen by the District Surgeon in nine years. The D.S. submits that the best means to promote the health of a town situated as is Laingsburg are (1) the provision of a pure water-supply; (2) the provision of clean, well-furnished, systematically inspected wash-houses, with separate arrangements for dealing with the clothes of infected people; (3) the insistence on measures for preventing the spread of Tuberculosis, such as the disinfection of sputum, etc., the

provision of expectoration bottles, and the supply of disinfectants by the Local Authority for paupers and poor people; (4) the provision of a more efficient slop-water and night-soil removal system; (5) the planting of bushy trees like the *Cupressus Macrocarpus* round all open and exposed spots, so as to lessen the dust and break the force of the wind; (6) the rigid enforcement of the vaccination laws; and (7) the provision of proper dwellings and water-supply for the Location.

MAFEKING.—DR. F. COPELAND, ACTING DISTRICT SURGEON.—The Council has now completed its scheme for the water-supply of part of the town; the water is obtained from a borehole and wells; amount appears constant, and quality as shown by analysis, is excellent; the water is pumped into a reservoir and passes from thence into pipes; chances of contamination minimised. The Waterworks Company's supply remains much the same; it is pure at source but liable to be contaminated during its course along the open furrows which convey it to the reservoirs. A considerable number of boreholes and wells have been put down by private individuals; from one of these sources part of the town is being supplied. These supplies are collectively sufficient for the needs of the town and of good quality; the Railway Camp receives a good and ample supply from a well to North of town; the Railway Location is supplied from a well to the South; it is a fair supply. The Location draws its water either from the Molopo or from surface wells; the inhabitants of the Native Stadt use the water from the Molopo; both these supplies are very dangerous, and should be condemned. The sanitary accommodation in the town is quite adequate, and is kept in good order; night-soil collected and disposed of by contract, and the work is well carried out. Practically no laundry work is done in the town proper, owing to the stringency of the Regulations; all the laundry women work in the Location; washing and drying are carried out in the open air, but the ironing is done in the houses of the washerwomen, where the conditions are far from ideal; in more than one instance a case of Pulmonary Tuberculosis has been found inhabiting the room in which the work is carried on. A few cases of overcrowding have been reported, but on investigation have been proved not so. The Building Regulations appear satisfactory and well carried out. Slaughtering done on the outskirts of the Location, the place being kept in good order; those carrying on trades affecting health are well watched and their premises kept in good order. The Sanitary Inspector inspects food exposed for sale; the results have been very satisfactory during the year. Some cattle are kept in the town, yards and stalls being satisfactory, but the practice is undesirable, especially in a sub-tropical climate; no swine are kept in the town. There are 3 Native Locations in the vicinity—the Location where reside all Natives other than the Baralongs, the Stadt (the abiding place of the Baralongs), and the Railway Location for Railway employes. The state of the Location is deplorable, but without the expenditure of a large sum of money it is difficult to see how it can be remedied; a counsel of perfection would be the destruction of the whole place and its re-building on another site; it is close to the Molopo, and is built partly on river deposit and partly on a rock outcrop; the water-supply is from the Molopo, which is intermittent, or from surface wells; it would be difficult to say which is the worse supply; the river usually consists of dirty pools of water; the wells must necessarily be polluted; in some cases a cesspit exists on the same erf, but in any case the ground around is foul. The disposal of night-soil is not conducted on any system; some have privies, but in many cases the veld is used; there are a certain number of public latrines which are used and are properly attended to, but many of the Natives use the river bed in preference. The condition of the Stadt is very similar; the river bed is fouled; there is no system of sanitation. The water-supply is the Molopo, which has already been fouled higher up by the inhabitants of the Location. The Railway Location has been rebuilt and is now in good order; the water-supply is pure. The cemetery is in good order. An Isolation Hospital exists, capable of receiving 20 patients. There are 2 schools; sanitary accommodation ample, water-supply good; no system of medical inspection; the Principals refuse to allow any child who suffers from an infectious disease, or any contact, to attend school. During year there have been a few cases of Whooping Cough, Scarlet Fever and Enteric; the latter cases have been sporadic, no connection from case to case being traceable. A disease, possibly a mild form of Enteric, occurs here every summer; the Acting District Surgeon has come to regard it as a clinical entity; its season of incidence is earlier than that of Enteric, beginning at commencement of summer; onset, as a rule, sudden, with shivering, headache, complete anorexia and general pains; conjunctivæ suffused; tongue covered with thick white fur; pulse 100 to 120, marked constipation always; disease terminates by lysis in from 10 to 14 days; no spots, no enlargement of the spleen, and no relapses; bloods tested against paratyphoid were negative. Tuberculosis very pre-

valent among Natives and Coloured, onset frequently coincident with a period of work at the Mines; it is curious, however, how frequently it has started at one of the Native higher schools; one would have thought that knowing the ignorance on the subject the elements of hygiene would be taught; it would be well if this could be added to the curriculum; the vital statistics of Mafeking are far from showing the true prevalence of the disease in the District; cases in the Stadt and surrounding district frequently pass unregistered. The ravages of Syphilis are enormous; those treated under the C.D. Act only represent a very small portion of those actually suffering from the disease; probably a very large proportion of cases acquire the disease commensally; primary venereal sores are rarely seen, and affections of the genitals are rare; Phagedæna is unknown; cases treated are usually tertiary; the bulk have lesions of the nose, soft and hard palates or larynx; experience goes to show that the disease is transmissible in the tertiary stage; the European population should be brought to realise the danger of commensal infection. It would appear that the generally accepted idea that *Bilharzia Hæmatobia* was introduced into the District during the late war is correct; no further cases have been seen. Entozoa diseases are fairly common, tapeworm being the commonest, the species found being usually *Tænia Saginata*. Hydatid disease not met with, although the *Echinococcus* exists in most of the Native dogs. One case of Filariasis was seen, but was imported from the North.

MALMESBURY.—DR. A. J. T. ROUX, DISTRICT SURGEON.—The open reservoir at Elands Vallei, with the homestead and cultivated lands for catchment area—a common example of water-supply in this District—proved to be the cause of 12 cases of Enteric Fever, three of which died; clothes-washing is another cause of pollution of watercourses and reservoirs; at Groenfontein, another Enteric Fever centre, this has been discontinued. The Divisional Council should appoint a Sanitary Inspector to attend to this matter, and also for the collection of rubbish disposed about dwellings in the rural area. The Cemetery at Riebeeck Kasteel was specially reported on; there was an open grave four feet deep with shale for soil; nothing had been done, and the matter is urgent, as very few graves can be dug that would satisfy a sanitarian. The Isolation Hospital consists of two rooms, which serves the Municipality; the C.D. Hospital is under Government control, and 20 cases were treated during the year. Few farm schools have suitable accommodation as regards lighting and ventilation. The First and Second Class Schools at Riebeeck West, Riebeeck Kasteel and Hopefield are overcrowded; that at Moorreesburg is wanting in air space, and should be altered or the number of occupants per room reduced; medical inspection of schools not yet an urgent necessity, as the numbers are small; principals should be prosecuted for admitting unvaccinated children. Fourteen cases of Enteric, with 3 deaths, occurred at Elandsfontein, and 12 cases, with one death, at Groenfontein. Two cases of Small-pox on two farms close together, with some unsuspected cases on other farms in the locality, occurred. Tuberculosis declining; 11 deaths from Cerebro-spinal Meningitis, as against 15 in 1906; several cases of Puerperal Fever occurred with two deaths; a mother's help was prosecuted and convicted. Two lepers removed from the Bay area; another remains in segregation; he is quite bedridden and helpless; he is kept under surveillance, and is not visited by outsiders.

HOPEFIELD.—DR. H. SMIT, ACTING ADDITIONAL DISTRICT SURGEON.—Water-supply unchanged; derived from a spring, piped to Village, and stored in tanks; from these tanks the majority of people on the eastern side of village derive their supply; private wells supply some houses; water is good but somewhat muddy at times. Night-soil removed once a week or fortnightly; all privies are situated outside dwelling-houses. Clothes-washing satisfactory. Overcrowding rare. No unfit houses. Slaughter-houses satisfactory. New school recently erected; ventilation excellent. Violent epidemic of Whooping Cough towards the end of the year; 2 cases of Puerperal Fever and 8 of Enteric during the year, former both Europeans, infection due to the stupidity of the family in employing an untrained ignorant Coloured nurse; Enteric cases probably due to water; no cases occurred in the village. Numerous cases of Tuberculosis seen—*Tabes Mesenterica* and *Phthisis*—among the Natives. No cases of Primary Syphilis seen; 23 cases of Tertiary Syphilis on C.D. list, majority of which reside at Steenberg's Cove.

MIDDLEBURG.—DR. H. HOLZMANN, DISTRICT SURGEON.—Water-supply unchanged. The new regulations regarding sanitary removals work well and give general satisfaction, except as regards payment of rates for new service. Clothes-washing very unsatisfactory, chiefly done by Coloured women in dirty and almost stagnant water near town. No overcrowding; there are no regulations and the Municipality exercises no oversight in connection with the healthiness and sanitary

arrangement of new buildings. A special report was made regarding slaughter-houses in September last; nothing more need be said except that Municipality have taken no steps to erect new slaughter-houses. Much might be done in connection with the abatement of nuisances but for lack of funds; also the obsolete Act under which it is constituted gives Municipality very little power to enforce improvements. A small building outside town exists for the isolation of Small-pox cases. A new Poor School has been equipped during year, and is satisfactory; the construction of a new public school has been started. There are no arrangements for the medical inspection of scholars. Total notifications of infectious disease during year 18, including Enteric Fever 9, Diphtheria 1, and Phthisis 6; 15 deaths from Phthisis were registered, which shows an apparent neglect to notify cases of this disease; similarly there were five deaths from Enteric Fever, which, had there been only 9 cases, would mean a mortality of over 50 per cent.; it is thus impossible to form an opinion about the spread of infectious disease. A general vaccination of District was carried out during year; lymph was satisfactory. Twenty Syphilitic cases under treatment during year. The total deaths were 271, comprising 94 European and 177 Coloured.

MOLTEÑO.—DR. W. ARCHER ISAACS, DISTRICT SURGEON.—Water-supply sufficient but quality not good. Keeping of cattle fairly satisfactory. Nuisances are abating. Enteric and other epidemic diseases only slightly in evidence; Small-pox occurred at Rondavel and Poortje; one case was confluent and very severe, the patient dying suddenly after being released from quarantine; there were 5 cases in all; vaccination very poorly attended to, especially by Europeans.

MONTAGU.—DR. C. A. WESSELS, DISTRICT SURGEON.—Ample supply of drinking water of first rate quality. Night-soil removed every night by cart and buried in pits on the other side of the river; slop-water emptied into back-yards; refuse collected by Municipality and carted away. No overcrowding among Europeans and no insanitary dwellings, but in the Location overcrowding is prevalent, and many of the huts are unfit for human habitation. Slaughtering done outside village, every butcher having a separate place assigned for the purpose. Three Indian shops opened during past year; they will require careful observation, as they are not kept in a sufficiently clean condition. Bakeries are clean. There are pigstyes in most of the yards, but they are regularly inspected, and nuisances are reported. There are two Native Locations, both fairly clean considering the habits of the occupants. Four cemeteries, all clean and well kept. Village is free from infectious disease, but there is rather a severe epidemic of Enteric Fever at a farm, Pietersfontein, in the District; there have been 18 cases.

MOSSEL BAY.—DR. C. A. KITCHING, DISTRICT SURGEON.—Water-supply pure and sufficient up to the present. Drainage hitherto by stone watercourses periodically flushed; for these glazed earthenware pipes are now being substituted. Night-soil removed by tubs; slop-water by the open drain; refuse removed by the Municipality. Clothes-washing is done on private premises, and also in a ravine to west of town, where there is a stand-pipe; waste water forms pool below and soaks away; some premises in the town have cement bases on which washing is done. Overcrowding exists in the Native dwellings; no unfit dwellings; plans of new dwellings must be passed by the Council. Butcheries, bakeries and dairies clean. No swine allowed in town. Location water-supply from the main latrines are provided, and Locations are generally in good order. Cemeteries for the town and nearer Location situated to the North-east of the town; the farther Location has a burial ground of its own. A pipe system for carrying water from the old surface supply for use in watering streets and flushing drains has been laid down. There is a small wooden lazaretto to the North-east of the town. The health and sanitary condition of schools are satisfactory; no system of medical inspection of pupils. 22 cases of Enteric Fever in the town during the year, and seven in the rural area; one case of Diphtheria in the town, none in the district; four cases of Scarlet Fever notified in town. Separate sanitary receptacles are provided by the Municipality in all cases of infectious disease. 23 cases of Tuberculosis notified, of which 3 were in Europeans; 26 deaths from this disease in town, including 2 Europeans, and 14 in the country, also including 2 Europeans. Syphilis is fairly prevalent, but rarely comes under notice unless the patient is imprisoned.

MURRAYSBURG.—DR. J. A. ROUX, DISTRICT SURGEON.—Water-supply unchanged, except that the number of private wells has increased. Cesspool system is in vogue for night-soil, and is decidedly a source of contamination of the two public wells and of a large number of private ones; slop-water thrown into back-yards or gardens or on to the streets. Slaughtering done on open veld outside

village, or in back-yards; numerous complaints as to the unsatisfactory manner in which the blood is disposed of. Cemeteries are well situated and well kept. School boarding-house well kept and well suited for its purpose; no arrangements for medical inspection of scholars. No epidemics during the year excepting one of Influenza. No general vaccination since 1901. Syphilis very common. Malta Fever exceptionally prevalent on the farms in the District.

NAMAQUALAND.—DR. M. W. W. COWAN, DISTRICT SURGEON.—Water-supply of most of the villages satisfactory; in Springbokfontein there is only one well that can be safely used for drinking. The washing of clothes close to drinking supplies ought to be punishable; it is discouraged, but this is evidently not sufficient. Only in the mining camps are the schools of any size; medical attendance is there free, and infectious disease would be quickly recognised and precautions taken. Except a few isolated cases of Typhoid, there has been no epidemic during year. Tuberculosis exists at the mining centres to a markedly greater extent than last year. In late years a large importation of labour has taken place, and a number of cases of Syphilis were introduced; in Springbokfontein at least three Europeans have been infected. A case clinically resembling Bilharzia occurred, but no evidence of the parasite was found in a specimen of blood (passed after urination) examined; the case was imported. Only a few cases of Scurvy seen. Entozoal disease common. Hydatids occasionally found, and when situated in the brain have twice accounted for sudden deaths.

GARIES.—DR. R. C. VERNON, ADDITIONAL DISTRICT SURGEON.—Very little to add to last year's report. No epidemic of disease during the year. 239 persons gratuitously vaccinated. Water-supply runs the same risk of pollution as in former years. Neither Phthisis nor Syphilis are prevalent.

OUTDSHOORN.—DR. GEORGE RUSSELL, DISTRICT SURGEON.—Water-supply unchanged; it is abundant, and the distribution system has not been extended; the main water furrow is rapidly becoming a kind of open sewer; several of the bridges over it are of considerable length, and as the water frequently stagnates in these positions it may become a source of danger; ducks, etc., should be prohibited from using the furrow. The sanitary accommodation of dwellings is gradually improving, and the removal system is excellent; there are several kloofs being filled in by refuse, and as the drainage from these parts runs through the centre of the town, care should be exercised in the selection of the material deposited there; the odour during summer evenings is anything but pleasant. The authorities intended to erect public wash-houses, but the scheme has not yet been carried out on account of the cost; washing is generally done in yards or around the dwellings. Plans have to be approved before new buildings can be erected; the cubic space in many of the smaller buildings might be increased; there is a great tendency in parts of the town to crowd the houses together. The scheme for the erection of public abattoirs has not been carried out for financial reasons. The general condition of food exposed for sale is very good. Cattle, swine, etc., only allowed to be kept after inspection and permission; there should be requirements for the proper construction of pigstyes and the provision of a minimum superficial area for each animal. No Native Location; it was proposed to erect a Location, but presumably want of funds has prevented this being done; a Location should be established as early as possible; the place selected should not be too far from the town, within easy reach of the water-supply, and on a slope to facilitate drainage. The schools in the town and district have greatly improved, but boys' boarding arrangements are very primitive; proper premises should be erected at once; no system of medical inspection. There have been no epidemics, although cases of Enteric, Diphtheria, and Scarlet Fever have occurred. Over 1,300 persons have been vaccinated. Tuberculosis is increasing, as also is Syphilis. There is a great improvement throughout the whole District as regards farm buildings and sanitation generally. The general condition of Dysselsdorp and De Rust remains about the same; in both places the water-supply is good.

CALITZDORP.—DR. LAURENCE F. McDOWELL, ADDITIONAL DISTRICT SURGEON.—Several cases of Enteric occurred towards the end of the year along Nels River and in the village, due to pollution of water; the Assistant Medical Officer of Health for the Colony inspected, and the Village Management Board are anxious to carry out his suggestions, but are hampered by lack of funds. Proper night-soil pails have not yet been procured, and removals are still carried out as reported last year. The entire village is supplied with water from Nels River, and washing is still carried on in it, which has accounted for the Enteric which has lately arisen. Slaughtering is now done at a safe distance from dwellings. Tuberculosis is increasing, especially among the Natives. Pertussis, Pneumonia and Broncho-Pneumonia have been very prevalent.

PAARL.—DR. ROBERT INGLEWOOD WOLFE, DISTRICT SURGEON.—The water-supply, which is very pure, is derived from a catchment area in Paarl Mountain; supply not sufficient for the needs of the inhabitants, the pipes being too small; to meet the deficiency water is taken from wells. Drainage system now very good, and is being completed; removal of night-soil not yet taken in hand. Overcrowding still prevalent among Coloured people, and is responsible for the spread of Phthisis. Cemeteries well kept, but a new Public Cemetery for all denominations is about to be opened. Small-pox broke out at Huguenot early in the year, but did not spread; a contact brought the disease to Kraaifontein, where it spread rapidly; it is now stamped out. There have been many cases of Enteric Fever and Diphtheria during the year, but not to an alarming extent. About 1,000 vaccinations during year. Syphilis appears to be increasing; a C.D. Hospital is badly wanted to isolate cases in the infective stage; there is a grave danger of the disease being communicated to European children through Coloured nurses.

FRENCH HOEK.—DR. E. H. NASH, ADDITIONAL DISTRICT SURGEON.—Water-supply ample and pure; most of the dwellings in the village have private connections to the mains. Night-soil removed by cart in pails weekly. Laundry work is done in the sluits and drifts; the Local Authority should set apart two or three drifts in the river outside the Municipality on the North side in which clothes-washing could be done, and prohibit it elsewhere. Overcrowded dwellings are being removed as far as possible. A Sanitary Inspector should be appointed; the Police or Sergeant-in-charge could do the work at a small salary; this formerly was done, but has now been dropped. No Native Location. One case of Diphtheria and 4 of Enteric Fever, with 1 death, in the whole District. Tuberculosis still prevalent. Seven cases of Syphilis, all in Coloured persons, under outdoor treatment.

WELLINGTON.—DR. C. D. MALAN, ADDITIONAL DISTRICT SURGEON.—No change in water-supply during the year, but new reservoir is in course of construction and nearly finished, when the whole village, and especially the higher levels, will be more abundantly supplied than at present; it will also render better street watering possible. Night-soil collected in buckets and removed by cart outside the village; household refuse similarly removed; slop-water still thrown into yards or gardens. Clothes washed in rivers running through village, and also in Berg River; no proper laundries. Several overcrowded dwellings in Native quarter of village, and at Zoetendal there are several huts totally unfit for human habitation. The Regulations are good, but might with advantage be more strictly enforced. Sanitary Inspector is supposed to look after the sale, storage, and preparation of food; A.D.S. has not heard of any prosecutions during the year. No Native Location. Cemeteries and burial-grounds in good order. Schools and school boarding-houses in good order as regards sanitation; water-supply good and health of scholars excellent; no arrangements for regular medical inspection of children or for dealing with mental or physical defects or outbreaks of Infectious Disease among them. Outbreak of Enteric Fever occurred at Groenberg, along the course of the Commissie River; it started with a case on a farm near the origin of the river, and spread to all the farms lower down, all of which use river water for drinking; the first case occurred in May; no doctor sent for in several cases; roughly speaking, there were about 16 cases, with 2 deaths; one case still remains; no steps were, to A.D.S.'s knowledge, taken by any Local Authority. Several cases of Enteric occurred along the Berg River among people using river water; some sporadic cases in the village. One outbreak of Small-pox—7 cases, of whom 6 were unvaccinated; discovered 1st February, last case discharged 12th March, 1907; no deaths; 134 persons vaccinated. During the year 19 deaths were registered as due to Tuberculosis, whilst 17 were attributed to Convulsions; all of these were chiefly among the Coloured population. Difficult to say how many cases of Syphilis exist; A.D.S. saw 10 new cases, but there were probably double that number in the District.

PEDDIE.—DR. TEMPLE SMYTH, DISTRICT SURGEON.—There was a severe drought during the past six months, and the health of the community suffered accordingly; the water-supply of the village and farms is chiefly rain-water stored in iron or underground tanks; boreholes with windmill pumps have proved an enormous success in Peddie, giving the community an ample supply of good water; the thanks of the inhabitants are due to the Municipal Council for this progressive movement. Latrines for the use of Native visitors to the town have not yet been built; the valleys of the town area are used instead. Manure and rubbish heaps are permitted within the precincts of dwelling areas, and are a source of danger and discomfort; the periodical burning of these heaps is also a cause of complaint. The bucket system is slowly gaining ground, the ancient cesspool being most popular,

although unhealthy. The situation of the pound for stray stock in the very heart of the town is a mistake, as has been frequently pointed out. The European cemetery has been placed under the control of a Burial Board, which will, no doubt, carry out many needed improvements; the cemetery is suitably situated, but the sub-soil is shale—disintegrated chiefly—and rocky in places, so that grave-digging is difficult. The depositing of rubbish in various parts of the town is a most intolerable nuisance; the want of a well-ordered latrine for Natives also deserves immediate and grave consideration. Ventilation of the school is defective. There have been few cases of either Enteric or Diphtheria. A most serious epidemic of Dysentery occurred affecting both Europeans and Natives; the deaths among children were extremely high. One family lost 5, another 4, and the fatal cases were generally rapidly so, 2 to 4 days being the average duration; nearly 200 cases were treated by the District Surgeon privately, and this represents only a small proportion of the persons affected; no *post-mortem* examinations were made; 2 deaths, both of European children, occurred in the village; the epidemic was widespread, but one Location in a mountainous part of the District suffered most; the outbreak began in September, and continued until the end of the year. A serious outbreak of epidemic pneumonia (acute croupous) also occurred, causing several deaths; Europeans and Natives alike were attacked; four cases occurred in one European family, two very severe, but all recovered. There were a great number of cases of Catarrhal Pneumonia; 2 cases occurred at one European farmhouse, one of which proved fatal. These epidemics of Pneumonia followed peculiar geographical courses, cases breaking out suddenly and almost simultaneously at different farms, leaving large intermediate tracts of fairly populous country quite free; the prolonged drought and the very high wind may have proved an exciting cause, and there is no doubt that the stagnant water used by the Natives unboiled was the main factor of the serious outbreak of dysentery.

PHILIPSTOWN.—DR. C. J. HUGO, DISTRICT SURGEON.—The new water scheme is now completed, and is giving general satisfaction; no possibility of pollution during storage or delivery; as stated in last year's report, the District Surgeon had some doubt as to the purity of the water at its source; specimens have been submitted for analysis, and pronounced to be "good potable water"; an entire freedom from Enteric Fever and Diarrhœa seems to point to its purity. Many inhabitants still use well water and water from a certain polluted fountain in the town; amongst these only a few cases of Enteric Fever have occurred, so that the final conclusion as to the purity of the new supply cannot as yet be arrived at. The sanitary system remains unchanged; no provision is made for the removal of slop-water; the sprinkling of slop-water in backyards is most undesirable; night-soil should be removed at the public expense. A suitable washing-place is much needed; it is simply horrifying to see the conditions under which the washing of the general public is done at times; stagnant pools of water are used. Overcrowding exists in the Native Location; the Location has its water supply from the new reservoir. Night-soil is removed from the few public latrines by the Municipal Contractor. The insanitary condition of the Native quarter and the surrounding veld were fully discussed in last year's report, and the remarks then made still apply. The public school is satisfactory, and the health of the scholars good. During the early part of year a widespread epidemic of Scarlet Fever occurred; the disease was of a mild type. Tuberculosis is becoming more prevalent amongst Natives.

PETRUSVILLE.—DR. D. M. MACIVER, ADDITIONAL DISTRICT SURGEON.—Water-supply satisfactory. A decided improvement has taken place during year in the night-soil system; each inhabited dwelling has now a closet of approved pattern; the bi-weekly removal continues on the old lines; no signs of the sanitary carts or the regulation buckets having made their appearance; no provision for removal of slop-water, which is deposited anywhere, a state of matters greatly to be deplored. Refuse is collected by the Municipal carts and deposited outside the village area; the depositing site might with advantage be farther away, as the danger from infected rags and papers wafted about by the wind is considerable. The conditions under which clothes washing is done are objectionable in the extreme; a stormwater sluic on the Eastern Boundary of the village is where the great bulk of the washing is done, in a foul, stagnant fluid; a well with a pump has been provided by the Municipality, but its regular use is not effectively insisted upon by the authorities. No overcrowding, except in the "Red Block." Plans of new buildings must be approved by the Council. A suitably constructed slaughter-house has been erected beyond the boundary of village, and is used both for public and private slaughtering. The sanitation of the Native Location leaves much to

be desired; the low, disease-breeding huts remain, and water has to be carried in buckets from a stand-pipe in the Market Square; the removal of night-soil is entrusted to Natives, who have instructions to carry it to a sluic some distance off. Two sanitary conveniences have been erected near the gaol during year for the use of Coloured people; there is much need for similar conveniences at the Location. The cemeteries and burial-grounds are in good order. The abatement of nuisances generally have received much attention on the part of the Municipality, but they have been hampered by their financial position and the absurd opposition of a certain section of the community. No Isolation Hospital; there are two large-sized rooms at the old Lock Hospital, the property of the Municipality, which are available for the treatment of Natives. A commodious new school has just been completed; the health of the scholars is good. Twenty-four cases of Enteric Fever during year, of which 22 occurred in the village; a noteworthy feature was the large proportion of cases which followed one another in the same dwelling. Although the irrigation dam has been repeatedly cleaned and the banks freed from the bushes under which Natives have been committing nuisances, the water is always in a shocking condition. Public vaccination was undertaken about three years ago, and not since. Comment is superfluous. Two cases of Tuberculosis notified, but many cases went unreported; 16 cases of Syphilis treated under the C.D. Act, all tertiary or hereditary. One case of Puerperal Fever occurred, in a Coloured woman attended by a woman of her own class.

PIQUETBERG.—DR. F. H. DOMMISSE, DISTRICT SURGEON.—Health of District has been exceptionally good; Influenza prevailed in June, July, and September; Typhoid Fever was very rare. Tuberculosis is on the increase, especially among the Coloured. Syphilis, especially secondary, is also frequently heard of, though most of the Coloured people go to “quack doctors,” who live in the surrounding mountains, for treatment; the result is, of course, most disastrous. Water-supply pure, but far from sufficient; on the farms it is impure, and pollution takes place almost everywhere; the Municipality should provide the public with a more adequate supply, as this can be done at a very small outlay; the fountain in the Residency grounds is open on one side; it should be properly enclosed, so that poultry cannot get access to it. Night-soil removed twice a week by the Municipality; slop-water disposed of by householders. Dwellings fairly well kept, but leave much to be desired. Location neat and clean. Cemeteries in good order. There have been no vaccinations.

PORTERVILLE.—DR. F. P. BESTER, ADDITIONAL DISTRICT SURGEON.—Water-supply unchanged; pollution of the stream running through the farmyard of “Hout Constant” is still a daily occurrence; pigs, ducks, and geese wallow in the water all day long; the water furrow during its course to the village and through the village collects dust and dirt, and by the time the water reaches its destination it is often in a filthy state. Some months ago a water scheme was talked of by the Municipality, but evidently has been shelved again; many of the inhabitants have gone to great expense for tanks. The natural drainage is towards the open furrow containing the drinking water; each heavy rain washes the surface dirt of the village into the furrow. Night-soil removed by Contractor: would be satisfactory if buckets with air-tight lids were insisted upon; the depositing site has now been removed further from the village; the buckets are washed with strong disinfectant, and left to dry; the work is done efficiently. Slop-water and refuse disposed of by householders in ways which often leave much to be desired; dry refuse should be removed by the Contractor. No overcrowding in the village; in the Location, however, it exists in some of the huts, especially so on Saturday nights; also there are several structures unfit for human habitation. Slaughtering done on the premises of the two licensed butchers, and the refuse in the case of one is carted into an open pit and left there to dry; one butchery is not as clean as it should be; fish, meat, flour, and other articles of food are all mixed up together; often skins are to be seen lying on these different foods. A slaughtering booth outside the village is urgently needed. Very few cattle kept in the village; most householders have a cow, which is properly stabled and looked after; pigs are not allowed. There are two Locations, the poorer being outside the village on commonage ground; the better class Location is really part of the village; the removal of night-soil has not been extended to this area, and closets seem to be optional; this state of matters should be remedied. There are two cemeteries, both under the control of the D.R. Church; their cleauliness inside leaves much to be desired. In urgent cases a cell in the prison yard is used as a hospital; the need for proper accommodation for urgent and destitute cases is very pressing. No epidemics during year; no vaccination done since 1905. A few cases of Syphilis seen; great difficulty in getting

patients to continue taking medicine. Four cases of Typhoid Fever reported to the Municipality, 2 of which certainly due to bad water in the furrow. Tuberculosis seems to be diminishing; most of the cases come from the poorer Location, often whole families being affected.

PORT ELIZABETH.—DR. D. C. REES, DISTRICT SURGEON.—During the year the new Waterworks, Electric Lighting, and Public Abattoirs Schemes have been completed; the drainage scheme has unfortunately been deferred pending the advent of better times. The Municipality has, during the year, reverted to the employment of a part-time Medical Officer of Health at the small salary of 100 guineas per annum, the Sanitary Department being placed under the executive control of the Chief Sanitary Inspector. Estimated death-rate; European, 11.1; Coloured and Native, 38.1; all races, 20.6 per 1,000; the European death-rate is the lowest on record. With the completion of the Sand-Palmiet-Bulk Rivers Water Scheme on 8th November, 1907, a good and adequate supply of water is assured; the total storage capacity, including that of Van Stadens Dam, is now 358 million gallons, with a maximum daily output of $1\frac{1}{2}$ million gallons—sufficient for about double the present population; the cost of the new scheme was £320,000, being £40,000 under the estimate; the catchment area carries very little stock and practically no human population, so that there is little danger of contamination at the source of the supply or during its distribution; the new supply is filtered by the Candy method; the consumption of water per head is steadily on the increase, and is now 20 gallons daily; formerly it was 12 gallons. Nothing new to report regarding sewerage and drainage; only a small area of the town possesses a water-carried system; a complete scheme for the sewerage of the town at a cost of £350,000 was approved last year, but has been held in abeyance; the only drainage work done during the year was the readjustment of the Rudolph Street drain so as to adapt it for closet connection. Night-soil, in areas where no sewerage exists, is still dealt with on the pail system, removals being carried out once a week during the daytime and on the ticket system; compulsory weekly removals have not yet been enforced; the depositing sites are properly looked after; it is surprising that the Continental system of tree-planting on these sites has not been adopted. Slop-water still disposed of in the same unsatisfactory manner; the greater part of it is thrown into the streets, backyards, alleys, and open spaces, causing continued soakage around dwellings. Clothes washing mostly done in small backyards of insanitary dwellings; the question of erecting public wash-houses might well receive the attention of the Municipality. Overcrowding of dwellings is less prevalent than formerly; the Asiatics, however, still herd together in insanitary dwellings; the Regulations dealing with the matter are defective; the demolition of 3 dwellings and 1 stable was ordered during the year; the Regulations require amending in this connection. The new public abattoirs were opened for use on 7th August, 1907; they cost £12,500, for which the Council is paying 4 per cent. interest, with 1 per cent. sinking fund; the scheme promises to be a financial success; the butchers pay a monthly rental: in practice it is found that it would have been preferable if a scale of charges per carcass had been fixed; the old insanitary and dilapidated slaughter-houses in Korsten and Walmer have been closed; the South End butchers have been agitating for additional abattoirs at the South End, but such are unnecessary, and ought not to be allowed; the Superintendent of the Public Abattoirs seized during the past 5 months 4,013 lbs. of pork, 236 lbs. of mutton, and 1,024 lbs. of beef, besides a large number of diseased lungs, livers and kidneys. Bakeries are reported by the Medical Officer of Health to be satisfactory. Dairies are for the most part poorly and unsuitably constructed, but they are kept clean, and no milk-borne epidemics have occurred during the year; much of the milk supply is now brought in by rail from the adjoining Districts. The Sanitary Department devotes much attention to the sale and storage of unsound food; large quantities were seized during the year. One Native Location—the Reservoir Location—still exists within the Municipal area; it is in a most insanitary condition; the houses are becoming more dilapidated and dirty every year; the tub system is not properly made use of; refuse is allowed to collect; pigs and stray dogs abound; Tuberculosis and intestinal diseases—mainly Entozoa—are increasingly prevalent. Cases of Enteric Fever have recently occurred; the Location should be done away with once and for all, more especially as the best residential portion of the town is rapidly spreading in this direction. No Hospital for Infectious Diseases except the Lazaretto for Plague and Small-pox; cases of Typhoid Fever are treated in the Provincial Hospital; other infectious diseases are treated in the patients' homes; infected premises and clothing are disinfected by the Local Authority; special daily removals of excreta in special pails are made in fever cases. During the year 346 notifications

of infectious disease were made to the Municipality, including Enteric Fever, European 117, Coloured 33; Diphtheria, European 9, Coloured 3; Tuberculosis, European 31, Coloured 134; Tuberculosis accounted for 23 European and 73 Coloured deaths, and Enteric Fever for 4 European and 3 Coloured deaths. Typhoid Fever is seriously endemic; it shows a seasonal prevalence, recurring regularly with the warm weather, two-thirds of the cases appearing during the last quarter of year; source of infection is difficult to localise; it persists chiefly in insanitary and congested areas, and is largely due to the maintenance of old soil infection; it is unquestionably to a great extent dust-borne; a group of 18 cases occurred in a congested and undrained area bounded by Albany, Eastbourne, Kent and Princes Roads, during the first quarter of year; the District Surgeon believes that there are a certain number of people who are Typhoid carriers, their excreta continuing to be infectious. Tuberculosis continues to be the chief cause of sickness and mortality among the Coloured; compulsory notification does little good in dealing with this class of people, who pay little attention to the instructions of the Local Authority and in the majority of cases do not call in medical assistance until the last moment. Accommodation for indigent cases which are a source of danger to the community is much needed. The disease is virulent in type and, generally speaking, rapidly fatal. Sporadic cases of Leprosy continue to be reported. Vaccination is virtually a dead letter; only 103 vaccinations by District Surgeon during year, out of 1,789 births registered; there is an increasing susceptible population springing up, and in the near future an outbreak of Small-pox of magnitude is to be anticipated.

VILLAGE OF KORSTEN.—Local government system unchanged; rateable value has fallen from £195,000 to £78,400. In December, 1906, 600 dwellings were occupied; in November, 1907, only 438. The population has fallen from about 3,000 to 1,600; this depletion is partly due to migration owing to scarcity of work, but mainly to the activity of Cape Police in enforcing provisions of Location Act, which requires that Native non-voters must live at New Brighton Location. Water-supply derived from rainwater tanks, wells, and water carted from Port Elizabeth; the last year has been dry, and latter supply largely resorted to; the water costs 10s. per 1,000 gallons, exclusive of cartage; in 1906 it is understood the inhabitants paid the Port Elizabeth Municipality £500 for water; this year it is estimated to be nearly double this figure; during the year the Board convened public meetings and discussed the matter, and it was decided to endeavour to bore for water within their own area rather than accept the offer of a supply from Port Elizabeth at 5s. per 1,000 gallons; their refusal of this offer arose through a dispute as to who should bear the cost of pipe-laying from Sydenham to the Korsten boundary; the Board would be well advised to come to terms with the Municipality. The success of the boring operations is not encouraging; a proper and constant supply of water is an urgent necessity. Stercus removals carried out rather more satisfactorily than formerly; ticket system in vogue; about 550 removals per month, approximately at the rate of one removal per dwelling per month; this is not sufficient. Free weekly removals of domestic refuse carried out, 3 carts being employed for the purpose; refuse utilised for filling up pits and furrows. The following notifications during the year: Tuberculosis 66, Enteric 10, Puerperal Fever 2, Erysipelas 1, Leprosy 3. Tuberculosis increasingly prevalent; no preventive measures adopted; many dwellings are becoming intensely affected, and several members of the same family contract the disease, and new occupants of the same houses suffer in their turn; some attempt should be made to disinfect infected clothing, bedding and dwellings.

WALMER.—Water-supply from rainwater tanks; stated to be adequate; it seems most desirable that some arrangement be come to with Port Elizabeth for the laying on of a water-supply. Compulsory weekly pail removal system for night-soil; stercus disposed of by treatment with sulphuric acid, the product being used as a fertiliser; special pails used and daily removals made in infectious cases. Slop-water chiefly used for garden irrigation. Household refuse removed by Municipal cart at 1s. per load; this is, however, not compulsory. The Walmer Native Location is not satisfactory; the dwellings are dilapidated and for the most part dirty; no proper system of stercus removal; no water-supply; rubbish allowed to accumulate in the vicinity of dwellings; a new Location should be laid out on a new site. There is gradually springing up a collection of small dwellings, occupied by Natives and Coloured people, on the Salisbury, Bog Farm, and Fairview Estates, beyond Walmer and Cape Roads; Natives are acquiring possession of small plots on the part payment system, and repeating the evils and difficulties which have arisen at Korsten and Dassie Kraal; the provisions of the Location Act should be at once put in force.

PORT NOLLOTH.—DR. R. DENINGTON FISHER, DISTRICT SURGEON.—Water-supply from rainwater tanks and a spring about 5 miles out; latter is fairly good but “brack,” and is delivered by “roll cask,” which may easily lead to pollution; supply is sufficient. Sanitary accommodation of dwellings sufficient; most of the slop-water, night-soil and refuse is collected by the Sanitary Department of the Cape Copper Company, under D.S.’s supervision, and is well attended to; a few householders attend to this matter themselves in a satisfactory way. Population generally well housed. Since last report huts in Native Location have been arranged in two broad streets and each hut registered; general sanitation and order have much improved. Cemetery is in a bad position, too close to Village; Cemetery Board is considering question of a new site. Cape Copper Company have a 4-bed Hospital for males only; this has been used for the treatment of Enterics when required. Three schools, all fairly good as to sanitation. An epidemic of Enteric commenced at the end of 1906, and continued until the 11th May, 1907; 27 cases notified in all; first 4 came from Klipfontein, 20 from Port Nolloth, and the remainder from Anenous; 3 deaths—2 European males and 1 Coloured male; a European female died from exhaustion in the seventh week of her illness, the determining cause being probably the great heat; the Klipfontein cases contracted the disease at Steinkopf from polluted water; 2 of them had drunk this water on one occasion, the others more than once; 3 were sent to Port Nolloth for treatment; D.S. is of opinion that the cases at Port Nolloth were the result of the spread of infection by flies; he at first blamed the water because of the fact that no case of Enteric was discovered in the Location; the Location water-supply is from the same source as that of the village, but is delivered into tin drums straight from a truck tank on the rail; this led to the belief that the “roll casks” used for the conveyance of the village supply were the cause of the pollution; upon more mature reflection, D.S. thinks it probable that the disease was spread by flies from the Hospital cases, and in support of this view states the following facts: “The first Port Nolloth case was next door but one to the Hospital—within 50 yards of it; the cases occurred in clumps—in 2 or 3 adjoining houses; the climatic conditions for much of the time during which the disease occurred were favourable to its transmission by flies; there was practically no wind for days together for several weeks, and on windless days the sky was overcast and the atmosphere misty and even foggy; flies were very numerous while the weather continued as before stated, and probably more numerous in the infected houses; with the return of the usual breezy weather the epidemic ceased, and flies became less numerous. Against the ‘fly theory’ are two facts only: most of the patients were in the habit of drinking water from the ‘roll casks,’ and the usual precautions as to disinfection of excreta were taken; this latter, however, depends so much on the attendants that one cannot put much faith in its thorough execution.” Tuberculosis painfully in evidence; causes most of the deaths in Coloured people, both young and old. Syphilis also very prevalent.

PRIESKA.—DR. ALAN C. McLEAN, DISTRICT SURGEON.—Main water-supply from spring about a mile from village in the bed of the Prieska River; water brought through pipes to the various distributing centres in village and laid on to hotels and some private houses; supply is adequate and is free from pollution; in times of drought the Orange River is practically always available should the usual source of supply be diminished. Night-soil removed on bucket system. Slops and house refuse similarly treated. Unfortunately the system is not compulsory, and there are inhabitants who are negligent. Clothes-washing done chiefly on the banks of Orange River, ironing being done in washerwomen’s houses. There is the usual overcrowding in the Native Location. New buildings supervised by the Acting Chief Constable and Municipal Constable. Periodical and unnotified inspections of food and drink are made. Cattle and swine are not kept in the residential area. Native Location about $1\frac{1}{4}$ miles from village on rising ground 60 feet above the Orange River; condition sanitary; overcrowding exists; water-supply from Orange River; no sanitary conveniences. There is one Cemetery for Europeans; there is still no accommodation for Jews; as trains only leave Prieska 3 days a week, this gives rise to considerable inconvenience and distress, and is a matter which could easily be remedied. School accommodation limited, consequently the two buildings are overcrowded; there is little room for improvement short of rebuilding; no system of medical inspection. No general outbreak of Infectious Disease during year. Enteric Fever absent. Three or four isolated cases of Diphtheria occurred in District. There were about 10 or 12 cases of Malta Fever, most of the latter taking place during a period when cows’ milk was unobtainable, owing to lung-sickness among the cattle, the milk supply then being only from goats. Three cases of

Cerebro-spinal Meningitis, all fatal. No Hospital for the treatment of Syphilis exists; cases come for outdoor treatment but do not return.

PRINCE ALBERT.—DR. R. STEVENSON, DISTRICT SURGEON.—Village now supplied with excellent water brought in pipes; about a mile and a half from village an underground stream is caught, the water being allowed to filter into cement pipes, which lower down give place to iron ones; there is no reservoir, and the water never gets to the surface; there is consequently very little, if any, chance of pollution; the supply is more than enough for drinking purposes. Night-soil removed on bucket system once a week; the pails used are not sufficiently cleansed; all houses have closets except in the Location, where a few bags nailed together do duty. Slop-water generally thrown into back-yards; disposal of household and other refuse also unsatisfactory. Clothes-washing done alongside the water furrow; there is now no danger of contamination of the drinking water. Many overcrowded and unfit dwellings exist, mostly among the Natives; no Regulations are in force for ensuring the healthiness and sanitary arrangement of new buildings. Slaughter-houses are situated beyond village. Butcheries clean and well kept. Storage and preparation of human food satisfactory, except that more care should be taken in preparation of dried fruit. There is no improvement as regards keeping of cattle, swine and other animals; kraals seldom cleaned out, and are far too near dwelling-houses; in summer the stench is very great. Natives are scattered over village; many of them live in a camp above and behind village, where many of the huts are totally unfit for human habitation; the sanitary condition of the place is also very bad; a large open furrow runs through it, which can only be described as a common cesspool; human faeces and rubbish of every description lie scattered about. As regards abatement of nuisances, there is a general improvement, especially regarding drinking water, but much remains to be done. No isolation accommodation. The school-room provided for poor children is far too small; no arrangements for medical inspection; District Surgeon has seen children attending school while desquamating from Scarlet Fever. The epidemic of Enteric which began at the end of 1906 continued during the first four months of 1907, when 48 cases were reported; 5 further cases occurred during November and December, but were due to another cause; outbreak undoubtedly due to polluted water, which at that time ran in an open furrow; 8 deaths occurred; the 5 cases which occurred in November and December are attributable to defective sanitary arrangements, excepting one, which was imported from outside. There were 9 cases of Diphtheria with 1 death.

QUEENSTOWN.—DR. H. T. BATCHELOR, DISTRICT SURGEON.—Water-supply from storage reservoir, and is liable to pollution at source; a dam is in course of construction at Bongolo Poort; a scheme is on foot to relay the pipes, substituting larger ones where required; on conclusion of this scheme there will be no insufficiency, but liability to pollution will remain. Night-soil, slop-water and refuse removed by Contractor; night-soil pails are emptied and put back; it would be better if they were carried away and clean, disinfected buckets put in. No overcrowded or unfit dwellings; in the Native Location it is probable that huts are overcrowded; the water-supply to the Native Location is the same as that of town. A number of public closets have been erected for Natives on the tub system. Cemeteries in good order. There is a Small-pox lazaretto owned by the Municipality. The health and sanitation of the public schools and school boarding-houses satisfactory; no system of medical inspection of children; night-soil tubs at the Queen's Drive Public School are only emptied once a week; at the other schools they are emptied two or three times a week. Notifications of Infectious Diseases at the Municipal and Divisional Council Offices: Enteric 35, Scarlet Fever 11, Diphtheria 16, Tuberculosis 31, Erysipelas 2; the Local Authorities do all they can to suppress these diseases; no hospital accommodation for cases of Tuberculosis. Native Syphilitics are treated by the District Surgeon as out-patients; there is a separate building at the Gaol where Syphilitics could be treated.

STERKSTROOM.—DR. JOHN MUIR, ADDITIONAL DISTRICT SURGEON.—Water-supply is unchanged; certain furrows have been covered in and otherwise improved. The building of new abattoirs has been mooted by the Municipality. Native Location well looked after. Water-supply of Location from separate fountain in the river or pump within the town. Natives have their own latrines. Sanitary condition of schools good. Very few cases of Enteric Fever during year, and no other epidemic of importance except one of Influenza, which lasted four months. Fewer cases of Phthisis. No vaccination during year.

WHITTLESEA.—DR. A. E. THOMAS, ADDITIONAL DISTRICT SURGEON.—The general health of the village and district has been remarkably good; there were a

few cases of Typhoid Fever in the early part of the year; four cases occurred along the Klipplaat River, which was the site of the epidemic in the previous year. Three cases of Diphtheria occurred. The health of the school children has been satisfactory; a cattle kraal adjoins the schoolroom of the extra-aided A3 school, and there is no closet in connection with the school; these defects should be remedied. A vaccination tour was carried out in December; the attendance was extremely poor; the results were most unsatisfactory; 98% were primary vaccinations, and in the majority of cases there was only a slight redness at the site of inoculation; one case of Leprosy was discovered and removed to an asylum. Phthisis is common in the Native Location; Syphilis is uncommon, and there are no cases on the C.D. list.

RICHMOND.—**DR. J. W. BAM, DISTRICT SURGEON.**—There are two water-supplies, one for the East End and one for the West End of the town; the former is the main supply, and is used both for domestic and irrigation purposes; water for irrigation is stored in a dam in the river bed above the town; below this is a well-built spring, from which most of the drinking water is carried in buckets; the spring is constant and strong; the water is not absolutely pure but is good for drinking purposes. The West End water-supply is used for drinking purposes by a number of Coloured families; it is liable to contamination at its source, in the reservoir during its course in the furrow; the water is not pure and should be boiled before drinking, and the reservoir should be fenced in. There are also three pumps; one in the Square, one in the Show-yard, and another in the West End of the town. Each dwelling has a closet; pails are emptied every eight days; there should be two removals a week; the returned empty pails are thoroughly disinfected. There is no regular system for the removal of slop-water; most of it is thrown into gardens. Refuse removed regularly in carts. Washing done in a dam in the river, specially constructed for this purpose. Overcrowding exists among the Coloured population; the Municipality is doing its utmost to prevent it, and overcrowding has greatly decreased; not aware of any sanitary regulations regarding the sanitary arrangements of new buildings. There are three private slaughter-houses—one about 200 yards from the nearest dwelling and another about 80 yards from a dwelling; the third butcher has slaughtering done in the back-yard of a dwelling situated in the town proper; public slaughter-houses should be erected. Meat is conveyed about the village in uncovered baskets; there is no system of meat or food inspection. The only manufacture is that of soda water, for which filtered river water is used. Horses and cows are in many cases kept too close to dwellings, and in some cases the back-yards are converted into stables; this is a source of danger to the public. In a few cases swine are kept in town proper. The Location is about half a mile outside the town; huts are dilapidated, irregularly built and too close together; no streets are laid out; some of the unoccupied huts should be burnt; there are no sanitary arrangements of any kind, and consequently the immediate neighbourhood is in a filthy condition; no water-supply. The three Cemeteries are well kept. The general condition of the town is greatly improved. A two-roomed brick building, about a mile from the town, with earth floors, is used as an Isolation Hospital; it is in a most dilapidated state and unfit for use. The sanitary condition of the school and school boarding-house is satisfactory. Isolated cases of Enteric occurred throughout year; no epidemic. No Tuberculosis. A few cases of Syphilis occurred among the Coloured population.

RIVERSDALE.—**DR. J. W. DE VOS, DISTRICT SURGEON.**—The water-supply is still liable to contamination above the intake, the water running in an open furrow which skirts the high road for a considerable distance; this will be difficult to rectify, as the rights of owners to the water will have to be considered in the case of any new scheme; the supply to the reservoir is very irregular and far too small during the dry season, especially for inhabitants of the lower part of village; sufficient water could be brought to village if the pipes were properly cleaned; an effort in this direction is being made. The drains are mostly open ones, and simply dug out of the soil; one French drain has been inserted, and answers splendidly; the D.S. would strongly advise the adoption of that system throughout the village. No overcrowding or unfit dwellings. Plans of all new buildings must be passed by Local Authority, which has its standard and adheres to it. The erection of a public abattoir has been discussed, but nothing has been done; with the growth of the population it is a crying necessity. Bakeries and dairies are well kept and a regular system adopted for inspection. The new cemeteries are model ones. The only hospital accommodation consists of a few rooms belonging to the Riversdale Municipality, and by special permission pauper fever patients have been admitted. Patients from the District are not admitted, as the Divisional Council have refused any grant towards the cost of its erection. Some rooms in the Girls' School are overcrowded;

in the District a few of the schools are unsatisfactory as regards ventilation and air space. Isolated cases of Typhoid occurred throughout the District, and on the farm "Wijders River" a virulent epidemic occurred in two houses; the infection was brought by a goatherd towards the end of 1906. The water furrow running past the dwelling became contaminated, and conveyed the infection to a house lower down, where three cases occurred. During year there were five deaths from Enteric. Diphtheria occurred sporadically, but never in epidemic form. The deaths from Phthisis were, European males 1, females 5, Coloured males 11, and females 14; four deaths were due to Intestinal Tuberculosis. Many deaths from Tuberculosis are not diagnosed and recorded as such.

ROBERTSON.—DR. L. W. STEVENS, DISTRICT SURGEON.—The water-supply remains unchanged and in most cases defective; that of Robertson is pure at its source and on delivery; that of McGregor is pure at its source, but is conveyed in an open furrow and is liable to contamination; it should be piped to the village, a distance of about two miles; the water-supply to farms lying in the valleys of Klaasvoogds River, Vink River, Bushman's River, and Bosjesveld is liable to pollution in transit, and seeing how thickly populated these valleys have become it would be well if the Local Authority could arrange to pipe the supply to the several farms lying on the Breede River: the farms Klipdrift, Uitnoord, Goedemoed, Goudmijn, Wakkerstroom, etc., derive their supplies chiefly from the Breede River, whose tributaries, the Willem Nels River, Hoops River and Cogmans River, usually run dry in the months of November and December; in these months, by the occurrence of rain-storms, they resume their flow for short periods, and then contaminate the Breede River by conveying refuse from the large distilleries in the town which has been stagnating for 8 or 9 months, and causing a nuisance to the inhabitants; this sewage being large in volume, its dilution with clear water would appear to be insufficient; hence the occurrence of outbreaks after such pollution on the above-mentioned farms. The sanitary removal system of Robertson is satisfactorily carried out, but the adoption of the duplicate pail system is strongly recommended. A system of night-soil removals should be instituted at McGregor. Slop-water and refuse should also be removed by both Local Authorities. Clothes-washing is done by private washerwomen; system very unsatisfactory. Overcrowding exists among the poor Coloured class; apparently no regulations exist for ensuring the healthiness and good sanitation of their homes. Abattoirs of a primitive kind have been erected by the butchers on sites approved by the Local Authorities, but without any water-supply; the cartage of carcasses is done in a careless manner; a public abattoir should be erected; there is room for improvement in the slaughtering, handling and storing of meat, etc. The keeping of swine in town continues, and is a serious nuisance. No Native Location. Cemeteries satisfactory. The Municipal Council of Robertson have done fairly good work during past year in the direction of abatement of nuisances. No isolation accommodation exists. The health and sanitary conditions of most of the schools in District is satisfactory, with one or two exceptions, owing to lack of funds. Notifications of infectious disease during year: Enteric Fever 20, Diphtheria 11, Tuberculosis 9, Scarlet Fever 8, and Erysipelas 6. An outbreak of Enteric occurred in July on the farm "Goudmijn" on the Breede River; six Europeans living in a hut were attacked; the probable cause was the pollution of Rigg's water canal, which was their drinking water-supply; the only steps taken were the directions given by the D.S. regarding the avoidance of canal water and the boiling of drinking water; no other cases on the farm until December, when all the children belonging to another European family were attacked; this dwelling is about half-a-mile further down the stream; the D.S. considers the cause of the outbreak is the fact that the Cogmans Kloof water, which flows into the Breede River and Rigg's Canal, is contaminated at Montagu, where Typhoid Fever is epidemic. Six cases of Diphtheria were notified in Robertson during year. The single pail system of night-soil removal, which necessitates the emptying of pails into wagons, and which takes place long before midnight, when the public are at large—in the summer—may be answerable for these cases. No rural vaccination during year. Tuberculosis remains prevalent among the Coloured population; they should be informed regarding manner in which the disease is spread and of the necessity for the improvement of the conditions under which they live.

SIMON'S TOWN.—DR. H. CLARKE, DISTRICT SURGEON.—The general health of the District good during year. Only two cases of Enteric Fever were notified; 9 cases of Scarlet Fever and several of Tuberculosis. In all cases disinfection was carried out by the Municipality, and steps were taken to prevent spread; Tuberculosis will never be kept down or eradicated until the poorer patients are compulsorily segregated in suitable institutions. The water-supply has been augmented

during year by the Dido Valley scheme; the supply is pure, though the Dido Valley water is very brack; the difficulty is got over by mixing with water from other sources; in winter the Dido Valley water need not be used. A system of pipe drains has been extensively constructed throughout the town. The system of surface drainage at Mount Pleasant is very badly ventilated, and more flushing during the summer months is required; the surface drains in places should be cleaned more frequently. The sanitary accommodation of dwellings is, as a rule, good; there are a few houses without patent w.e.'s; night-soil and refuse is collected by the Municipal carts. Clothes-washing should be carried out at a Municipal wash-place with an abundant supply of water; this is not so at present. Overcrowding may exist, but not to any great extent. No public abattoir exists. Butcheries, bakeries and dairies are inspected, but as a rule they are carried on as the proprietor thinks best. Steps should be at once taken to destroy unhealthy food when discovered. The Native Location is kept fairly clean when the habits of Natives are considered. No Isolation Hospital exists, all cases of Small-pox being sent to Rentzkie's Farm. Schools fairly satisfactory; no system of medical inspection. Syphilis is kept under by the C.D.P. Act. Two mild cases of Puerperal Fever occurred.

SOMERSET EAST.—DR. W. SCOT, DISTRICT SURGEON.—Arrangements are being made for weeding out Native Location, removing Native Cemetery to a point below—instead of, as at present, above—the Native Location, improving the water-supply to the Location, and improving arrangements for washing clothes. Water-supply to the town unchanged; supply pure; regular system of flushing out pipes is carried out. Night-soil removal system distinctly improved; no smell now from sanitary cart; buckets carefully cleaned and disinfected; single pail system still in vogue. Town Engineer and Sanitary Inspector inspected Location and reported to Council, giving cubic capacity, number of inhabitants to each hut and air-space per occupant, actual and required; no action has followed thereon as yet; new Location being laid out; new Native Cemetery has been surveyed and application made for its transfer. Water has been laid on to the Wesleyan and Presbyterian Cemeteries. No epidemic, with the exception of a number of cases of Whooping Cough; 9 cases of Enteric reported to the Divisional Council and 8 to the Municipality during the year; 11 cases of Diphtheria, of which 7 were notified to the Municipality; no Small-pox; 124 persons vaccinated, of whom 26 were in the gaol and 98 in the town; vaccine did not prove as effective as that supplied during the previous year; vaccination tour through rural area at present under consideration of Government. Tuberculosis very prevalent among Native and Coloured races, chiefly affecting lungs and intestines. Ten deaths reported as directly due to Syphilis. Two cases of Malta Fever reported; both confirmed by agglutination test; both consumed goats' milk. Total deaths registered in the District during the year 389, including Phthisis 47, Tubercular Enteritis 2, Diphtheria 4, Croup 4, Gastro-Enteritis 30, Enteric 13, and Diarrhoea 12.

PEARSTON.—DR. CHARLES W. CALDWELL, ADDITIONAL DISTRICT SURGEON.—Health of District good during the year; no epidemic except one of Influenza of mild type; only 3 cases of Infectious Disease—2 of Enteric Fever and 1 of Erysipelas—notified. Water-supply mostly from rain-water tanks; there are also a number of wells, but the water is brackish and in other respects unfit for drinking; abundant furrow supply for irrigation. Cesspits in use for night-soil; household refuse emptied either on the banks of the river or into a sluic which ultimately finds its way into the river. Clothes-washing is done in the river, and that means practically in the Location. There is undoubted overcrowding in the Coloured dwellings, but in this as in all other sanitary matters there seems to be no supervision. Native Location seems to be under no authority; it is situated too close to the village; water-supply is got from river; no sanitary accommodation; the huts are wretched and the surroundings filthy, in fact the whole concern is a disgrace; all that can be said in its favour is that as it is built on a steep slope the drainage is excellent, but as this drainage is into the river, the water from which may be and is drunk by farmers lower down, this one advantage is questionable—at any rate, from the farmers' point of view. One European and one Native cemetery, both neglected. No visible improvement as regards abatement of nuisances. Sanitary condition of the school and its lighting, ventilation and general cleanliness good; no sanitary accommodation is provided at the school annexe where the junior classes are held; this annexe is about 150 yards from the closets at the school—too far for small children; the accommodation at the school is not sufficient for the number of scholars. No vaccination done during the year. Tuberculosis prevails but not to any great extent. Only a small proportion of cases of Syphilis come under treatment. One case of Leprosy discovered and removed.

STELLENBOSCH.—DR. J. H. NEETHLING, DISTRICT SURGEON.—New water scheme completed; catchment area in Jonkershoek Mountains; water conveyed by 9-inch pipes; no source of pollution; water is of the best quality and ample in quantity; scheme cost £16,000. Pail system in use for night-soil; carried out in satisfactory manner; slop-water removed by street gutters; these are being steadily improved; drains of half of Dorp Street have been completed in granite; in other streets they are of brick and cement; they are regularly flushed. Refuse removed daily. No sanitary supervision in the rural areas. Several well-conducted laundries in the town; still a great deal of washing goes on contrary to the Regulations. No overcrowding or unfit dwellings, but there is generally great overcrowding when sickness occurs in dwellings of the poorer class. All plans of new dwellings must be passed by the Council; many houses are built, including schools and other large buildings, without the District Surgeon being consulted, either in that capacity or as Health Officer. No slaughter-houses inside the Municipality. The sale and preparation of food well looked after by the Local Authority. The regulations with regard to keeping cattle and other animals are not enforced with sufficient strictness. The whole question of cemeteries is at present under consideration. There is a Cottage Hospital to which cases of Typhoid Fever are admitted; there is also a two-roomed lazaretto. District Surgeon is unable to report as regards schools and school sanitation, but in his private capacity he is in a position to state that the arrangements at Bloemhof, Harmony, Wilgenhof, and The Home are excellent; no system of medical inspection. Notifications of infectious disease to the Municipality during the year: Typhoid Fever 16, Diphtheria 14, Tuberculosis 19, Scarlatina 5, Leprosy 2. Yard-washing should be added to the causes of prevalence of Diphtheria given in last report. Three outbreaks of Small-pox during the year, 14 cases, all Coloured; Tuberculosis seems to be on the increase; no cases of Syphilis.

SOMERSET WEST.—DR. WILLIAM HEWAT, ADDITIONAL DISTRICT SURGEON.—No common water-supply. Drinking water is obtained from tanks and from Lourens' River; new scheme under consideration. Night-soil and refuse removed by Municipal Contractor. Washing mostly done in Lourens' River. No overcrowding. No Native Locations. Cemeteries in good order. Three cases Scarlet Fever, 6 of Typhoid, and 8 of Diphtheria notified during the year; Local Authority has done everything possible to prevent and suppress outbreaks.

SOMERSET STRAND.—Satisfactory water-supply. Where septic tanks are not in use night-soil is removed by Municipal Contractor; a few houses have patent water closets. Wash-place provided by the Municipality; fairly satisfactory. No overcrowding and no unfit dwellings; cemeteries in good order. Three cases of Typhoid and two of Diphtheria during the year.

GORDON'S BAY.—Water-supply from mountain slopes; ample. Sanitary arrangements satisfactory. Two cases of Diphtheria in the village during the year.

STEYNSBURG.—DR. A. V. SHINE, DISTRICT SURGEON.—Water-supply unchanged. Night-soil removed weekly; slop-water and household refuse several times weekly. All dwellings in town have closets. No overcrowding; regulations for ensuring the healthiness and sanitary arrangement of all dwellings, good. Municipality have under consideration the erection of a public abattoir. Since last report the Location has been supplied with a pump; closets are placed some distance from the Location; the pails are emptied at intervals; general sanitation is good. The health and sanitary conditions of the public school are good. Eleven cases of Enteric reported during year, 12 of Scarlatina, 2 of Erysipelas, and 19 of Diphtheria. No public vaccination has been performed in the town or district since 1906. Only 2 cases of Tuberculosis seen.

STEYTLERVILLE.—DR. H. K. RAYSON, DISTRICT SURGEON.—Sanitation and water-supply unchanged. Washing done in private yards with well water, and also in water-holes in the river. Overcrowding exists, especially in Native huts. Municipality do not require plans for new houses. An Inspector of Nuisances has been appointed. School well situated; class-rooms well lighted and ventilated; no medical inspection of the children. No Isolation Hospital. Municipality provides disinfectants for infectious cases, but arrangements can never be satisfactory without proper Isolation Hospital, especially in cases occurring in the Native quarters. No Small-pox; vaccinations practically *nil*. Tuberculosis increasing among the Coloured and Native races; house and personal infection common. There is general satisfaction that Government is attending to Syphilis; the fact that Government will assist is not generally known in the District; D.S. suggests that Field-cornets be instructed that the farmers should report suspicious cases, and Police also assist when on patrol.

STOCKENSTROM.—DR. W. T. MCGLACHAN, DISTRICT SURGEON.—Water-

supply fairly good and abundant; brought from the hills by open furrow and stored in dam north of town; it is principally used for irrigation by Europeans. Drinking water is obtained from rainwater tanks. No sickness during past year traceable to water infection. Pail system in use for night-soil; removals by contract; works very satisfactorily. Slop-water usually deposited in gardens; some other means should be adopted for its disposal. No swine kept in village. Water-supply to Location obtained chiefly from river. No system of removal and disposal of night-soil. General sanitation of Location fairly good. Regarding nuisances, a Commissioner for the month is appointed by Municipality, who deals with any nuisances and reports to Council. Sanitary condition of the school in Seymour very good. No cases of Enteric Fever or Diphtheria during year. In February a case of Small-pox occurred at Upper Blinkwater; four further cases occurred at Buxton in March. Tuberculosis exists chiefly among the Natives; District practically free from Syphilis. During the winter there was a severe outbreak of Epidemic Pneumonia, both European and Native being attacked, causing a number of deaths.

STUTTERHEIM.—DR. S. J. O. GRINSELL, DISTRICT SURGEON.—Water-supply abundant and pure; source is a spring in the Amatola Mountains about 5 miles from the village; water collected in small reservoir and conveyed to the village in pipes; catchment area lies in Forest Reserve, on which, by special arrangement with Forest Department, no dwellings of any kind can be erected; possibility of pollution therefore practically *nil*; a water rate is levied on property and no restrictions are placed on amount used; District is well watered by numerous streams. Kerbing and guttering in the main streets are being quietly pushed on by Municipal Council. Buildings generally in good condition. Bucket system with compulsory weekly removals by Sanitary Contractor is in force; sanitary pits have been removed to more suitable site further from village. Slop-water removed by special cart each morning. Stable and house refuse removed periodically. Washing usually done at the river; laundry work done at home. One complaint of overcrowding was received, and this was rectified. Slaughter-house outside village. Butcheries small but clean. No dairies, milk usually sold in bottles. Six large Locations in District, with total population of about 3,600. Three of them are under their own control. Sanitation and water-supply *nil*. Local Cemetery managed by Municipal Council; during past year water has been laid on. Removal of slops has now been placed on a working basis. The yards of the village are kept satisfactorily. Council always carefully consider District Surgeon's representations on matters of health. One recently-built school in village up-to-date and satisfactory. The outbreak of Enteric Fever which began in 1906 continued with marked severity during the first half of 1907; 15 cases with one death in village or near vicinity; 13 of these were in Europeans; cases were distributed over the whole village, but there was a distinct tendency to grouping in a limited area in the centre of the town. Cause of epidemic was probably infection of dust, etc., from imported cases resulting from contamination of overground tank water. One case of Diphtheria; 3 small outbreaks of Small-pox, 6 cases in all; vaccination widely carried out with excellent results. Tuberculosis still very active among the Natives; coupled with Zymotic Enteritis, it accounts for a great number of the Native deaths. No evidence of any serious spread of Syphilis.

SUTHERLAND.—DR. R. H. H. HAYDEN, DISTRICT SURGEON.—Drinking water is obtained from deep wells, from a spring in the adjoining hills from which water is conveyed by a 2-inch pipe; and from rain-water tanks; well water liable to pollution from soakage of surface water and from dust, the wells having no waterproof linings or dust-proof covers; pipe supply pure and not liable to contamination; supply sufficient for domestic purposes. Considerable improvement during the year in privies and night-soil pails; the number of privies has increased, but there is still room for further improvement in some instances; night-soil removed by contractor, who receives £13 per month for the work; householders pay 3s. per month each; pails are emptied when a ticket is left by the householder at the Municipal Office; household refuse removed by cart; slop-water is deposited in yards, gardens, etc. Washing done on the veld near a small spring, from which the water is piped to the washing place; washing is now done in baths and buckets, which is a great improvement. Overcrowding believed to exist in the Location, but not in the village except during Nachtnaal time. There are very efficient Regulations for the Location, but the Municipal Council do not enforce them. Slaughtering is done on the open veld three-quarters of a mile from the village. There are two butchers' shops; these might be cleaner than they are; the same remark applies to the bakery. No animals are kept in the village except a few cows, horses and mules. Water-supply to Location is from spring above Location and from pumps in the

village; there are no sanitary arrangements except that inhabitants are supposed to go beyond a line of beacons before depositing night-soil, but this is not enforced, and the Location is strewn with human excreta; fortunately the Location is situated on the side of a steep hill on pot-clay soil, draining to a stream which is cleared out by the floods which occur about 3 or 4 times a year. The present cemetery is about to be closed and a new one opened. There has generally been considerable improvement in the cleanliness of the village during the year, but there is still room for further improvement. There are two privies at the school; health of scholars good; no arrangements for medical inspection. One case of Enteric Fever occurred in the Municipality during the year; daily removals of excreta were carried out; 1 case of Diphtheria, probably infected elsewhere; no Small-pox.

SWELLENDAM.—DR. G. J. CHADWICK, DISTRICT SURGEON.—Water-supply unchanged. Night-soil removed in closed pails and buried; slop-water thrown on manure-heaps, etc. Clothes-washing done in the river. Very little overcrowding; few dwellings unfit. Slaughter-houses have greatly improved since Dr. Mitchell's visit. D.S. knows little of the sale, storage and preparation of human food and the supervision exercised; there should be a proper official for this work. D.S. knows of no nuisances. School good; no arrangements for medical inspection of children. Outbreak of Enteric occurred at Buffelsjachts River; necessary action taken by Local Authority. Two cases of Diphtheria occurred in one family—both fatal. No vaccination done during past year. Tuberculosis on the increase among the Natives. Syphilis decreasing.

BARRYDALE.—DR. A. D. OWEN, ADDITIONAL DISTRICT SURGEON.—Water-supply unchanged. On nearly every erf there is a w.c.; in one case D.S. found a man emptying his bucket in the sluit beside the street. Washing done in the river. Much overcrowding among the Coloured people. Slaughter-houses, butcheries, bakeries, etc., excellent. No attempt on part of V.M. Board to abate nuisances. The w.c. of the school requires attention. Two cases of Enteric, 1 of Puerperal Fever and 1 of Erysipelas during the year.

TARKASTAD.—DR. W. H. FERGUS, DISTRICT SURGEON.—General health good during the year. Serious epidemic disease entirely absent. Sanitary circumstances remain much the same. Water-supply unchanged; the new water scheme referred to in last report has not yet received the sanction of Government. Clothes-washing done in the bed of the sluit adjoining the town for a length of about a quarter of a mile; at the lower end the clothes are washed in very polluted water. Location unchanged; water-supply same as that for Europeans and free from contamination. No night-soil removal system; majority of Natives use the sluits and dongas; a few use the small latrines provided for them, but as the latrines are seldom clean their use is very limited. Public schools fairly satisfactory; lighting and ventilation good but water-supply deficient. A few cases of Continued Fever occurred in the Location. Vaccination was carried out in the District with considerable success, but was greatly neglected by Europeans and Natives living within the Municipal area, and this in spite of frequent notices and warnings.

TAUNG.—DR. D. C. McARTHUR, DISTRICT SURGEON.—No epidemic disease in the District during the year, and no undue mortality among the Natives. Water-supplies and nuisances leave much to be desired; a pump should be provided on the Government well; the water from the borehole at the Gaol is almost unfit for use, owing to its extreme hardness. The only vaccination done during the year was at Taung, for Europeans, where 42 were vaccinated. 984 Natives treated during the year for Syphilis, comprising 412 males and 572 females; 595 were over and 389 under 14 years; 447 new cases during the year, of whom 47 were lapsed cases re-admitted to treatment; 62 were cured, 20 died and 170 lapsed, leaving 732 receiving treatment at the end of the year; 2 cases of Gonorrhœa in males, contracted in Kimberley, are included in these totals; the rapid amelioration of symptoms under treatment and the permanent results observed in so many of the older cases are satisfactory features; the infection of healthy persons living with those under treatment has not been found to the extent one would expect; there is more voluntary attendance on the part of Natives, and they are becoming accustomed to lengthy treatment, but special efforts have to be made to obtain regular attendance, and a scheme is being tried by which responsible persons receive a small sum for each patient brought for monthly treatment, also for new cases; 5 men are employed in this work, and on the whole the system works well; where the system fails, however, is in dealing with indifferent and refractory cases; the only remedy is an amendment of the present C.D. Act so as to provide for punishment. The Chief Malala has been zealous and active in sending his people for treatment, and

he could be of great assistance in enforcing attendance if he were allowed to deal with his people under tribal law—of course, with the supervision of the Magistrate. Lesions of the naso-pharynx are one of the most frequent effects, from young adult age upwards; in hereditary cases a severe form of Impetigo Capitis occurs in a high proportion, and is very intractable; mucous tubercles about the mouth and genitals are frequent amongst children. Immorality has little to do with the spread of the disease here. When sores occur on the genitals the Native quickly comes for treatment, otherwise they are apt to be unheeded; immunity of certain families where hereditary disease is known is frequently met with, and numerous cases of latent hereditary Syphilis have been noted, while transmission to the third generation can certainly be proved in some instances.

TULBAGH.—DR. HENRY P. PAYNE, DISTRICT SURGEON.—Water-supply for past two years insufficient owing to small calibre of the pipes, which have become clogged; it is proposed to lay larger pipes shortly. Cesspools not permitted; tub system in use and efficiently carried out. No overcrowding; inhabitants well housed. Slaughter-houses outside the village; these are kept clean and in good order. Occasionally pigs are kept nearer the dwelling houses than is advisable, but there has been much improvement in this respect of late years. Houses in the Location fairly clean, but the roads therein require attention. Burial grounds not prejudicial to health. Small Lazaretto half a mile from the town. Outbreaks of Influenza, Measles and Whooping Cough occurred during the year; no Small-pox or Enteric; one case of Anthrax seen, infection of lip after sampling grease wool in Cape Town.

UITENHAGE.—DR. R. G. LAMB, DISTRICT SURGEON.—Water-supply unchanged. Pail system in use for night-soil; removals take place once a week; no organised system of slop-water removal; slop-water, including bedroom slops, is still frequently deposited in the streets at night-time; refuse is removed by private persons and companies. Information regarding slaughter-houses, etc., should be obtained from the Municipality, as although the District Surgeon is also Health Officer, the whole of this work is entrusted to a Sanitary Inspector, who reports to the Council without reference to the Health Officer. A small 3-roomed brick building with kitchen is at times used as Isolation Hospital for Small-pox, and for C.D. patients; it belongs to the Government. 15 cases of Enteric during year; no epidemic. No vaccination tour in the District during year; very few have been vaccinated; a compulsory registration of medical certificates of vaccination is very necessary; next to none, either White or Coloured, attend public vaccinations. Tuberculosis not present to any great extent. Syphilis exists, but it is difficult to get hold of those suffering from it. Seven cases of Leprosy, all at Enon, were certified during year; one suspicious case was also seen and recommended for further observation.

UNIONDALE.—DR. H. MUNRO MACKENZIE, DISTRICT SURGEON.—Water-supply unchanged but growing weak on account of drought; there is still sufficient for domestic purposes. Sanitary system unchanged. Washing done by Coloured women in the open, below the furrow. Schools in good sanitary condition. No cases of infectious disease reported in town. Two cases of Diphtheria reported from District. Four Urban Vaccinations advertised during the year, at which 10 children presented themselves. 34 deaths reported as due to Consumption. 23 cases of Syphilis treated during year. There is great laxity in reporting this disease.

VAN RHYNSDORP.—DR. D. LEICHER, DISTRICT SURGEON.—Water-supply derived from wells; water pure; wells kept in good order; cleaned out once a month. Slops thrown out on to gardens and yards. Night-soil and refuse removed twice a week by Board; pails washed and disinfected. Clothes-washing mostly done in yards and in river. Native huts and dwellings mostly overcrowded and unfit for human habitation. There are three small private locations, each with about a dozen huts, attached to the village, and insufficiently provided with sanitary accommodation and water-supply; they are more or less in a filthy state. V.M.B. should erect one location under its own supervision. Butcheries fairly well conducted; slaughtering done partly in street or gardens and refuse insufficiently removed, so creating nuisance from time to time; slaughter-house would be beneficial. Cattle, pigs and goats still kept by inhabitants in yards and kraals, sometimes with an injurious accumulation of manure. No case of infectious disease during year; only nine vaccinations; a good number of cases of Phthisis in village and district; 9 deaths from this disease. Only two cases of Syphilis treated. Health and sanitation of school and school boarding-house satisfactory. Total deaths in District, 68; only 8 of these were certified by medical men.

VICTORIA EAST.—DR. W. F. KELBE, DISTRICT SURGEON.—The water-supply of Alice is still in the same primitive state; a scheme for bringing in water by pipes was propounded by an Engineer at a public meeting some 5 or 6 months ago; Council cast doubts on the accuracy of the scheme, and have spent the intervening time in trying to find out how to arrange the rates to cover the interest, etc., so that no one shall have to pay much more than he is doing now—a difficult matter in a large community like this. In 1896 an advertisement appeared calling for objections to the sale of some ground, stating that the profits were to be used for “bringing water to the village by pipes.” The Railway construction caused a delay in the sale of this ground, but in 1904 another advertisement appeared stating that the profits were “for improving the present water scheme (not supply) and widening and deepening the galloway stream”; the ground was sold for roughly £2,000; about £700 was spent on the galloway, of which Government paid half, and a small amount was spent raising the dam a few inches and cementing out a few pieces of the water furrows. The greater part was spent on roads and other things for which no sanction had been obtained; this amount would have helped to solve the rate difficulty. No improvement as regards sanitary accommodation of dwellings, collection and disposal of night-soil; slops and refuse. Washing done mostly at the river. Certain houses in village should be periodically inspected. There is no Sanitary Inspector; work supposed to be done by Town Ranger. No regulations for ensuring the sanitation of new buildings. Slaughtering done near the town; the ground close by sucks up the blood; dogs devour any pieces. No proper inspection of food exists. Regulations require cattle to be kept outside the village, but some people bring in the cattle for milking to the old kraals, which have not yet been destroyed. The Natives are scattered about on the Lovedale side of the Commonage in a most undesirable way; the Town Council made things worse in 1900 by leasing ground alongside the Tyumie Road to them with the right to erect a hut at a small extra rental; the presence of a Location just above the main (open) water supply is a constant source of danger to the health of the village. A few months ago the Native latrines were in such a dirty condition that public notice was taken of it. I visited them and found them in a disgusting state, stercois having been deposited all over the ground, the beams and the buckets, and the rain of the previous day had made the floors quagmires of filth; that on the outskirts of the village was worse, the ground at the back being covered with an accumulation of excreta. As this is on a slope towards the village the next heavy rain will wash it all into the main furrow about 150 yards below. These latrines are most unsuitably built. Health of children good except for a very mild epidemic of Measles. An outbreak of Small-pox occurred at the beginning of the year, which was nipped in the bud by vaccination. There were isolated cases of Enteric Fever. Venereal disease has been steadily increasing.

VICTORIA WEST.—DR. G. A. HEBERDEN, DISTRICT SURGEON.—Water-supply unchanged. An effort is being made to alleviate this state of things, and the District Surgeon hopes to be able to report next year that the supply is pure throughout its course. Night-soil removed to a depositing site outside the village. There is a most horrible Location just outside the village, which is a breeding ground for Syphilis and other diseases, besides being a place for thieves and vagabonds. C.D. Hospital accommodates six Natives; 86 Syphilitic cases treated during the year, of which eight were in hospital; much difficulty in keeping urgent cases under supervision, as there is no local control and they often escape; 7 white children have contracted the disease through no fault of their parents; several cases discovered in prisoners. One case of suspected Small-pox; sporadic cases of Enteric. No vaccination in the village and district during the year. Not much trouble during the year, most of the severe cases having died off. Two cases of Scurvy occurred in the Gaol, due to want of variation of diet.

VRYBURG.—DR. HAMILTON WALCOTT, DISTRICT SURGEON.—Water-supply from covered-in fountain; water is in every respect practically right; Natives obtain their supply from wells. Night-soil removed bi-weekly to a depositing site on East of town; wind seldom blows from that direction and there are no dwellings near. Clothes-washing done in pools formed by surplus water from the fountain, and about half a mile below the latter. No overcrowding. Slaughterhouse about a mile from the village; slaughtering satisfactorily done. Butcheries and bakeries clean and well kept. Cattle kraals well outside the village and cleanly. Native Location is to the South; huts are scattered and well looked after. Two burial grounds, one about half a mile from the village and one much further; both neatly kept. No isolation accommodation. A few mild cases of Measles and Whooping Cough during the year; no Enteric or Diphtheria; Malarial Fever, as

usual, was prevalent. Syphilis very common among the Natives. Tuberculosis almost unknown among Europeans.

WALFISH BAY.—DR. F. C. SINCLAIR, DISTRICT SURGEON.—General health of community good during the year. No outbreaks of Infectious Disease. A few cases of Scurvy occurred amongst Natives arriving from interior. Pail system in use for night-soil. Clothes-washing and laundry work carried on in a building conveniently situated for the purpose. No overcrowding. Two Native day schools; both satisfactory from a sanitary point of view.

WILLOWMORE.—DR. J. H. H. JOUBERT, DISTRICT SURGEON.—The water-supply is derived from rainwater stored in under-ground or iron tanks and surface wells, the water of which is brack and nearly unfit for drinking purposes; also water from the two Municipal dams which receive stormwater from the surrounding lands; any scheme for a permanent and pure supply would be too expensive for a small community, but much might be done to collect and store more rainwater. Night-soil is removed once a week by the bucket system, which works satisfactorily; slop-water is thrown in back-yards or waste ground; the latter practice is becoming dangerous and obnoxious; proper slop-carts should be provided. Household refuse is removed once a week, but other refuse is thrown about or into the dry water-courses, to be ultimately washed into town. Clothes-washing is done by Coloured washerwomen in their own dwellings; owing to the increase of Tuberculosis and Syphilis among the Coloured people this should be remedied by the provision of proper wash-houses. The Location is overcrowded. No building regulations in force in the town; new buildings are erected without attention from Council to ensure healthiness and sanitation. There are three Locations, one at each main entrance to the town; 2 are drained through the town, and the wind is always blowing over the town from one or other of them. Much was done during year to get and keep them in a cleaner state; the sanitary arrangements are the same as for the town; the water-supply is from the two dams and a few wells. Some overcrowding at times and a few houses are unfit for human habitation. Cemeteries are well kept. Much can be done to keep the town in a cleaner state, but there seems to be a general laxity as regards the sanitary laws. There is a small two-roomed wood and iron lazaretto, owned by the Municipality, about a mile outside the town; no C.D. Hospital. Schools satisfactory; no medical inspection of pupils. Ten cases of Enteric Fever during year; no epidemic; 9 cases of Diphtheria with six deaths. Two outbreaks of Small-pox discovered; one at Vleitjes, 2 cases, and the other at Nieuwe Rust Location, one case; no spread occurred; another case from Perseverance was sent to the Lazaretto. Tuberculosis is increasing rapidly and to an alarming extent, especially among the Coloured; 30 deaths due to the disease were reported out of a total death-rate of 160; more deaths undoubtedly occurred from Tuberculosis, but as they were not medically attended they were not reported. The disease was found mainly in the pulmonary and glandular forms; there is no chance of checking it while overcrowding in ill-ventilated dwellings continues; the general habit of spitting and the passing on of the clothes of deceased Consumptives is allowed to go on unchecked. Syphilis is very prevalent and on the increase; mainly tertiary; it seems to be spreading more as the result of direct contagion than of immorality; 24 cases have been discovered in town, and complaints are always being lodged from Baviaans-kloof as to the prevalence of the disease there; 4 cases came to the notice of the District Surgeon during year where the disease had been conveyed to White children by Coloured attendants. A few cases of Puerperal Fever occurred, and will occur while lying-in women are attended by dirty midwives who know nothing about the elements of cleanliness and attend cases without even a clean apron or antiseptic pellets.

WODEHOUSE.—DR. E. R. ROWLAND, DISTRICT SURGEON.—General health of the town and district has been good; only two cases of Enteric Fever in the town; there was an outbreak of an obscure nature which resembled Cerebro-spinal Fever; 5 cases died; spinal fluid from one of them who also had Pneumonia was examined by the Health Department, with a negative result as regards Cerebro-spinal Fever. Dr. Thornton, of the Public Health Department, investigated the remaining cases, which were then more or less convalescent. Water-supply derived from springs. Sanitary circumstances and removal system unchanged. No overcrowding noticed. Slaughter-houses some distance from the town and clean. Night-soil from Location is removed by cart and deposited a fair distance from the town. Since last report a few Native latrines have been erected at the lower part of the town, but at the location there are still much needed. Cemetery in good order. Small lazaretto exists for Small-pox cases.

INDWE.—DR. R. J. LOVE, ADDITIONAL DISTRICT SURGEON.—Water-supply unchanged; bad and inadequate; it is certainly time steps were taken to get a proper supply. During the year the District Surgeon advised the Municipal Authorities to have closet floors made of concrete, and this was done inside a month. Night-soil removed bi-weekly; slop-water and refuse when necessary. Washing mostly done in the Indwe River; unsatisfactory when river is not running; two Indian laundries. No overcrowding; some insanitary dwellings reported on during the year; they were promptly put in order. Plans for all new buildings must be passed by Town Council. Still too many cattle kept in town. During the year there has been an epidemic of Typhoid in the Municipal and Dugmore Mine Locations. New regulations for the Location have just been passed by the Council, who are going to appoint a European Superintendent. Wood-and-iron lazaretto on the Commonage; built by the Indwe Company, but Council have use of it. Provision should be made for sick Natives travelling; during the last few months there have been a lot of Natives from Johannesburg, and they had to be taken to the various coffee-shops because there was no hospital accommodation for them. A public school is badly needed.

WOODSTOCK.—DR. R. SHARP, DISTRICT SURGEON.—Water-supply from Suburban Water Company, from Albion Springs, Rondebosch; excellent in quality but deficient in quantity, so that it is now being augmented from the Cape Town supply. Maitland partly supplied from the same source, but many of the outlying houses have wells, which are not at all satisfactory; most houses in the District have rain-water tanks, which are seldom if ever cleaned; this is a distinct danger to public health. The making-up of new streets with proper kerbing and guttering and the completion of an underground storm-water drainage system have greatly benefited the health of the District; the storm-water drainage system receives all the slop and closet water. During the later months of the year there were offensive smells in many parts of the Woodstock District, and these were found to emanate from the man-holes of the drains, which had not been hermetically sealed; when this was discovered and attended to the nuisance abated. In many parts of the Maitland District Coloured people live in galvanized iron huts, which have many imperfections. Night-soil regularly removed by Municipality in closed vans; household and other refuse collected regularly. Clothes-washing done in the homes of the Coloured women, which are totally unsuitable, and by Chinese in shops which are more or less satisfactory. Some overcrowding exists among the poor. Six slaughter-houses in the Maitland District, some of them totally and the others more or less unsuitable; several convictions for the sale of unsound meat during the year. Supervision of the sale of perishable food stuffs fairly good. Swine not permitted in Woodstock. No Hospital accommodation for Infectious Diseases; special cases are removed to Cape Town Hospital and Small-pox cases to Rentzkie's Farm Hospital. Enteric Fever cases are treated as far as possible in the Woodstock Hospital. Health and sanitary conditions of the schools fairly good; the recently-built Woodstock Public School leaves little to be desired. Marked decrease in Enteric and Diphtheria cases during the year; Enteric 39 and Diphtheria 28, as compared with 67 and 49 respectively during 1906; this is chiefly attributable to the underground drainage system and the making-up, kerbing and guttering of the main streets. Only 3 cases of Small-pox during the year. Scarletina has been prevalent; 200 cases notified, mostly all of a mild type. Disease was largely spread through the medium of the schools. Notifications of Tuberculosis have increased.

DURBANVILLE.—DR. L. F. BICCARD, ADDITIONAL DISTRICT SURGEON.—Water-supply unchanged. A separate spring on the outskirts of the village set apart for washing. No overcrowded or unfit dwellings. No Native Location. Burial grounds well kept; the D.R. Cemetery will be closed for burials on the 31st March, 1908, and the new Public Cemetery under supervision of a Board of Management will be opened on the 1st April. Local school is practically a new building and satisfactory. No epidemic of disease excepting 2 or 3 cases of Diphtheria and Enteric in the District. Phthisis very prevalent among the Coloured people, and accounts for a large number of the deaths. Syphilis has practically vanished from the District.

WORCESTER.—DR. D. HUGO, DISTRICT SURGEON.—Water-supply of Municipality of bad quality and insufficient during the later summer months. Conditions fully dealt with in report as Health Officer. A contemplated sewage scheme awaits the decision of the Colonial Government; it will be considered when the augmented water-supply reaches the town. Sanitary conditions and removal system unchanged, and on the whole satisfactory. Slaughter-house and kindred offices receive attention. Keeping of animals and nuisances also carefully looked after.

Want of hospital accommodation is much felt; plans for Cottage Hospital, for which funds have been collected, were submitted to Government, but at suggestion of Medical Superintendent of Valkenberg Asylum they had to be altered to provide accommodation for lunacy patients awaiting removal; owing to delay caused by the re-construction of the whole scheme, the grant voted by Parliament lapsed; it is most desirable that temporary housing of lunatics should be provided at this centre, particularly in the cases of patients of the more respectable classes. One case of Small-pox at Touws River in the Railway Camp; mild epidemics of Whooping Cough and Scarlet Fever visited the town and district; Enteric cases comparatively few. Tuberculosis is becoming very prevalent; all classes are affected; the disproportion in fatal cases—1·11 White to 7·1 Coloured per 1,000—is largely, if not wholly, due to the fact that the Coloured patients have not the means to obtain the treatment, care and comforts procurable by the Whites, also they live under less sanitary conditions; few cases recover; measures to combat the disease would be to construct open-air sheds at certain centres for the treatment of the poorer classes, the disseminating of popular literature on the subject, to educate the people in the use of precautions, to encourage the charitably disposed to make themselves thoroughly conversant with and to disseminate the knowledge of such requirements, and to recommend Town Councils on notification of cases to distribute disinfectants gratis. Practitioners in the country have seldom time in which to arrange a series of lectures on the subject, but something should be done here. A paternal Government has provided Veterinary, Phylloxera and Fruit Culture Experts, Seab Inspectors and so forth, but no epidemic, be it Small-pox or Rinderpest, has called for a more vigilant combat than does Tuberculosis. Syphilis decreasing; it is rarely communicated commensally to Europeans; the local C.D. Hospital answers all requirements. Deaths in Municipality for 1907 were 242 and the Births 334; for the District the figures were 438 and 756 respectively.

WYNBERG.—DR. H. CLAUDE WRIGHT, DISTRICT SURGEON.—Water-supply of Claremont and Wynberg excellent, except that of the Diep River area, where supplies are still drawn from wells and fountains which are liable to pollution. In Wynberg proper the system of sewage disposal is perfect and a great boon to the inhabitants; in outlying parts of Wynberg and in Claremont the pail system still exists. In Claremont the difficulty of dealing with slop-water is still very great; in many houses the sanitary accommodation is deficient and inadequate; closets in many cases of galvanised iron. Laundry work is now much more extensively carried out by companies on more approved lines than formerly; there are, however, some small shops kept by laundry women. Overcrowding, owing to the depression, is on the increase; there are a number of houses unfit for habitation with only mud floors; there are seven of these in Oxford Street alone. Supervision of new buildings satisfactory. Dairies, butcheries, shops, etc., regularly inspected by the Municipal Inspectors. Municipality has not taken sufficient notice of frequently reported kraals in which horses and cattle are kept between Wynberg and Plumstead Railway stations, adjoining the line; in wet weather these are swamps, and several cases of Diphtheria have taken place from time to time. One of the Cemeteries has been closed; those in Wetton Road still remain in use. The Medical Officers of Health are particularly active in the abatement of nuisances. In the outlying districts the depositing of manure alongside the public roads is a nuisance, and should be dealt with by the Police. Small-pox cases sent to Rentzkie's Farm; Enteric cases admitted to local Hospital. Sanitary accommodation of school excellent; no arrangement for medical inspection. A few cases of Small-pox have been dealt with. Very few cases of Enteric in comparison with former years, the result no doubt of the improved drainage. Tuberculosis largely on the increase, and next to nothing is being done to prevent its spread. Syphilis very rare.

MOWBRAY.—DR. S. B. SYFRET, DISTRICT SURGEON.—The health of the community has been good; there was no epidemic except one of Scarlatina, which has been prevalent throughout the Peninsula. The water-supply is unchanged; it is ample for present needs, but insufficient for a proper sewerage scheme; the only likely source of contamination is the household tank. The large underground drains laid down as suggested in last report were found to be insufficiently ventilated; this has been remedied. No change as regards sanitary removal system; it is carried out as satisfactorily as possible. Practically all the clothes-washing is done at the public wash-houses, which are well kept and well looked after; ironing is done in the houses of the washerwomen, where there is hardly any control as regards cleanliness. Numerous articles of food have been condemned and destroyed by the Sanitary Inspector during year, and in most cases prosecutions followed. Animals are only allowed to be kept where they are not likely to cause a nuisance. St. Peter's

and the Dutch Reformed Cemetery are practically the only ones in use; they are well kept and not a danger to health. The chief nuisances in the District are the Liesbeek River and the large holes (clay pits); the latter are gradually being filled in; the state of the Liesbeek River at the end of last summer was very bad, and at times the stench from it was disgusting; a proper system of underground drainage is the only remedy. There is no Isolation Hospital accommodation; the Municipality contributes towards the upkeep of the Cape Town Infectious Diseases Hospital, paying 12s. per patient per day, but this is beyond the means of the people most requiring such accommodation; a local Infectious Diseases Hospital is badly needed. Health and sanitary conditions of the schools good; no system of medical inspection. A few isolated cases of Enteric have occurred in the District, but fewer than in previous years; there has been no abatement in the spread of Tuberculosis, although there were fewer cases on the Cape Flats than in the preceding year; hospital accommodation is badly needed; it is pitiful to see people dying in badly-ventilated huts, occupied, in many cases, by 2 or 3 healthy persons. One case seen during the year showed the necessity for testing cattle for Tuberculosis; an apparently healthy baby of six months died suddenly, and at the *post-mortem* milary tubercles were found in the child's intestine; the child's food had been milk; the parents and four other children who had been fed on the breast were healthy. The D.S. desires to emphasize the necessity for the amalgamation of the four suburbs, so that matters of Public Health can be more efficiently and economically dealt with.

NATIVE TERRITORIES.

BIZANA.—DR. G. B. THOMPSON, DISTRICT SURGEON.—Water-supply unchanged, except that more tanks have been built by private individuals; the open furrow still remains a source of danger. No alteration in Native Police Camp, which remains above the furrow in an admirable position for adding its quota of pollution; efforts being made to establish Village Management Board, with a view to obtaining Government aid towards a water scheme. Each householder disposes of night-soil, slops and refuse as he thinks fit; some dump the refuse on the commonage, resulting in unseemly collections; the latrines of the C.M.R. Camp cannot be considered to be kept in a hygienic state. The Gaol is the building which is at times overcrowded; a two-celled iron and brick building cannot at all times offer accommodation to tried and untried prisoners of both sexes; overcrowding occurs in Native huts at night and at beer drinks. Slaughtering carried on in yards of private premises; complaints made on several occasions about one such place, until D.S. made official inspection; it was found in a filthy, stinking condition, and constituted a public nuisance. Baking is carried on at two places; these have not been inspected. No inspection of human food made. A Native eating-house is kept where pigs are killed and more or less cooked and sold. Cattle kraals often too near dwellings. One cemetery—satisfactory, but most untidy. The great herds of swine that roamed the commonage have disappeared. No school: the building formerly used as such, which was a most unsuitable place, was burned. Tuberculosis rampant—glandular, bone and pulmonary, especially the first. One case of Bilharzia occurred in the C.M.R. Camp.

BUTTERWORTH.—DR. C. P. B. WALL, DISTRICT SURGEON.—Water-supply of village unchanged. More attention should be paid to the habit of Native servants using the banks of the river as a latrine. Council intend trying to obtain a good water-supply by boring in one of neighbouring hills. Sanitary removal system is efficiently carried out by Sanitary Contractor. Clothes-washing done mostly in the river bed at a point where it is unobjectionable. Cattle kept within the Municipality under apparently satisfactory conditions. Cemetery is now being put in good order. An Infectious Diseases Hospital is urgently needed. School fairly satisfactory. A new building is to be erected shortly. No cases of Enteric Fever reported. There have been a few cases of Diphtheria and one outbreak of Small-pox in the District; one case only; 82 vaccinations performed. Tuberculosis still increasing.

ELLIOT.—DR. M. PURCELL, DISTRICT SURGEON.—Water-supply unchanged; there is a deep well in the Public Square which furnishes chief supply; a couple of similar wells in the other squares would be an improvement. Native Location under supervision of V.M. Board: chief water-supply is from the river; veld is the latrine. No Hospital accommodation excepting a hut for Small-pox cases erected by the V.M. Board. Three cases of Enteric during the year—1 European and 2 Natives; all recovered. One case of Diphtheria. There was the usual outbreak of Influenza. From the end of 1906 Small-pox was continued into last year: for particulars see tables.

ELLIOTDALE.—DR. ALBERT DAVID, DISTRICT SURGEON.—Water-supply and sanitation unchanged since last report. A hut is used as school-room at present; lighting and cleanliness good. The only infectious disease was a Small-pox outbreak, not reported until about 10 weeks after its first occurrence; total number of cases about 300; 3 deaths known of; vaccination carried out in 18 localities of a total of 6,732 persons, of whom 2,443 had not previously been vaccinated; to prevent similarly severe outbreaks in future the Natives should be required to report every suspicious case at once, and if they disobey the order they should be fined.

ENGCOBO.—DR. JOHN W. WEIR, DISTRICT SURGEON.—Health during the year fairly good; 6 outbreaks of Small-pox with 37 cases; 7 deaths; 6 of the latter in unvaccinated Natives; 7,510 vaccinations performed at 15 centres during the year. On special instructions District Surgeon visited the Esiqumeni and Zabasa Wards, under Headmen Dolopini and Mzolisa, to investigate epidemic of fever. From July, 1906, to December, 1907, 278 cases had occurred with 26 deaths; at the time of the District Surgeon's visit only two cases were reported, both past the acute stage. The prominent symptoms, as far as could be ascertained, were: Headache, with delirium, pain between shoulders and lumbar regions, loss of power of arms and legs, great tenderness to the touch over the whole body and pain on movement, affection of throat and fauces, tongue furred or dry, constipation throughout, skin very hot and dry, and after second week perspiration common. In some cases the cutis had a puckered oedematous appearance; majority of the cases lasted two to three weeks, and recovered without any noticeable sequela; one case had swelling of the glands of the neck with abscesses and bed-sores; a man ill for two months had oedema of the legs; all cases of recovery had desquamation from the hands and feet and parts of the body of very fine furfuraceous scales; the description of this given by traders with the other characters mentioned led the District Surgeon to think the disease might be Scarlet Fever, but on examination the scales were altogether different from those of Scarlet Fever, and the tongue had not the characteristic strawberry appearance; the eruption was also different from that of Scarlet Fever, and the District Surgeon came to the conclusion that the disease was in all probability Typho-malarial, or what is now called Undulant Fever; unfortunately only one specimen of blood was procured, and it was examined by Dr. Robertson, who reported "Enteric positive at 1 in 40." Three cases of Leprosy were certified. Water-supply of village is by open furrow, but little pollution takes place. General sanitation unchanged.

FLAGSTAFF.—DR. J. GRANT MILLAR, DISTRICT SURGEON.—General health during 1907 good; very little illness of any kind; 3 cases of Leprosy reported in one family (Griquas), and all of the anæsthetic type. Water-supply and sanitary circumstances unchanged; this state of affairs is a standing menace to the District. No cases of Enteric, Diphtheria or Small-pox. Tuberculosis, especially Phthisis and to a less extent Tubercular Adenitis, is very prevalent; further experience confirms opinions expressed last year. Regarding Syphilis last year's remarks also apply. Syphilis undoubtedly prevails to a considerable extent, especially among the "dressed" Kafirs, and particularly among the women.

IDUTYWA.—DR. C. A. LUMLEY, DISTRICT SURGEON.—The water-supply and sanitary circumstances of the village remain unchanged. Small-pox has been more or less existent in the village throughout year; the hands of the District Surgeon should be strengthened as regards the compulsory vaccination of contacts; outbreaks occurred at 14 centres and probably at other undiscovered centres: 68 cases observed with 2 deaths. Syphilis is increasing among the Natives; D.S. should be given more power to deal with them; one was a servant dismissed on account of secondary Syphilis; D.S. enquired whether this case could not be compelled to present herself periodically, if necessary at Government expense, but found that no such provision existed;* one case has returned to service; another case has obtained employment in another family. A few cases of epidemic Cerebro-spinal Meningitis have presented themselves for treatment, but as a rule the cases are somewhat advanced before being seen. Tape-worm is extremely common among Natives.

KENTANI.—DR. W. GIRDWOOD, DISTRICT SURGEON.—Water-supply and sanitary matters unchanged since last report. School buildings excellent and well ventilated. Epidemics of Whooping Cough and Measles occurred in District, but were mild. A considerable epidemic of Small-pox occurred; 158 cases reported; 2 deaths; disease mostly mild, but when it attacked unvaccinated adults it was very severe; the deaths occurred in old people; first case reported about July, and was

* NOTE.—The necessary powers do exist, *vide* Sections 38, 39 and 41 of Act 39 of 1885.

introduced from contiguous districts; there were several different foci of infection, and before the end of the month it was widespread throughout the District; in his 1906 report D.S. strongly advised vaccination of the whole District, but authority for this was delayed and the vaccination of the infected areas sanctioned instead; in a Native District this is not enough, for so much delay occurs that infection is widespread before even a case is reported; 7,058 persons were vaccinated in the infected areas, and also a general vaccination was carried out at 49 centres; total number of vaccinations performed, 18,258. D.S. is glad to say the Native District Council have become aroused to the necessity of doing something in the matter of Tuberculosis. Three cases of Syphilis treated under C.D. Act. A few cases of Bilharzia were met with, one in a European child; all were of local origin. One leper in the District; is credited with conveying the disease. An outbreak of Scurvy occurred in the Gaol; 8 cases; outbreak occurred soon after a considerable accession to the number of prisoners in the Gaol, and the cases were all in those who had been longest in the Gaol; this fact indicates the need for better ventilation of cells.

LIBODE.—DR. R. A. BOWEN, DISTRICT SURGEON.—Water-supply unchanged. As prisoners have been prohibited from emptying night-soil pails, inhabitants have erected earth-pit closets—a very objectionable method, but one which is absolutely necessary, as Native servants will not do work of this nature. No overcrowding. Everything found satisfactory on last inspection of Police Camp. The latrine on Erf 24, at present unoccupied, is used as a sanitary convenience by the Native boys of the village; it is both a nuisance and an eyesore, and constitutes a danger to health. No Hospital accommodation. The ancient hut in which the children are instructed is entirely unsuited for the purpose of a school; the whole community is of one mind with regard to the necessity for better school accommodation. Two cases of Enteric seen during the year, one of which was imported from Mount Frere District. Tuberculosis quite common among the Natives, especially the glandular form. Syphilis exists to a much greater extent than is generally suspected, as Natives conceal it. Cases of Scurvy occurred in local Gaol, but disappeared on Kafir beer being supplied to the prisoners. Pneumonia very common and fatal among Natives; causes the great majority of deaths among the Native children. Natives affected by all varieties of Intestinal Worm; it is hardly too much to say that the entire population is affected with some form of intestinal parasite, probably largely due to eating the liver and intestines of sheep in a partly-cooked state. Scabies is also rife and very severe. Anthrax occasionally occurs among cattle; no cases seen in man.

LUSIKISIKI.—DR. C. D. COOPER, DISTRICT SURGEON.—Water-supply unchanged; water furrow kept much cleaner than formerly. Clothes-washing is done at a suitable spot on the river below the furrow. Cattle kept in village in ever-increasing numbers; they are responsible for the millions of flies that infest the village during the hot weather; a piece of ground should be marked out of the vast commonage near the village and fenced off into kraals by those inhabitants who keep cattle; some such measure would add greatly to the comfort and health of the village. The Cemetery is situated two miles from the village, and is in good order. The cattle kraal on an inhabited erf through which the water flows, and which has been previously reported on, still remains. Schools are generally held in Church Buildings, all sufficiently ventilated; sanitary accommodation sufficient. No outbreak of infectious disease during year; one case of Scarlet Fever imported from Kokstad. Tuberculosis rare; the majority of the cases are “dressed” Natives from the various Missions; no evidence that the disease is spreading. Syphilis is rare. Gonorrhœa is much more common. Bilharzia Hæmatobia is common; the pools in the Lusikisiki River convey the disease, and also the Hlatati River, a very sluggish stream, some 25 miles distant from Lusikisiki. Entozoa disease is very common in the following order of frequency: (1) *Ascaris Lumbricoides*, (2) *Tænia Solium*, (3) *Oxyuris Vermicularis*.

MACLEAR.—DR. J. M. WHITE, DISTRICT SURGEON.—Night-soil, slops and refuse chiefly buried in gardens. Washing done in river below village, and also in the mill stream; laundry work done in private houses of Coloured women. Overcrowding still requires urgent attention; at one time during year there were no less than 12 Native coffee-shops, with all their accompanying squalor and disorder; there are still eight or nine in the village in full swing. There are three combined butcheries and bakeries in village; there is a marked improvement in the cleanliness of the slaughtering places. Once or twice during year District Surgeon had to draw the attention of the Natives to the insanitary condition of location. Cemetery satisfactory; immediately adjoining the cemetery the street is in a dis-

graceful condition from the refuse of one of the hotels. Sanitary conditions of the schools is unsatisfactory; the boys' and girls' latrines are only about five yards apart, and there is no fence between them; latrines are cesspools which are never attended to; the playground, overgrown with wattle, is used as a latrine; there was an outbreak of Whooping Cough amongst the pupils. District Surgeon understands that tenders have been called for cleansing the premises and putting up fence between the latrines. Enteric occurred on Selo and Reserve Farms, 4 cases in all. Two outbreaks of Diphtheria at Mapassa's Hoek and Mount Challenger, all in Natives. A Small-pox outbreak occurred in the village, 3 cases in all. A serious outbreak of Whooping Cough occurred; there were 3 deaths from this disease in the village, and 11 were reported from the District; the attacks were exceedingly severe. No cases of Tuberculosis have come under the notice of the District Surgeon; 10 deaths from the disease were reported from the District, all of Natives; 5 of them were of men over 50; these were probably due to inflammation of the lungs.

MATATIELE.—**DR. C. ERNEST POPE, DISTRICT SURGEON.**—No change as regards water-supply and sanitary circumstances. School buildings proper are non-existent; old Court-house and iron building lined with wood used; the former is in a disgraceful condition, out of repair and infested with vermin, the adjoining rooms being used by the Gaoler as bedrooms; no water supply; closets not properly attended to; no provision for medical inspection. No outbreak of infectious disease during year.

MOUNT AYLIFF.—**DR. W. P. NICOL, DISTRICT SURGEON.**—Water-supply ample but, being conveyed in open furrows, is liable to contamination along its whole course; the furrows, to which attention has previously been drawn, have since been cleaned out by prison labour; the R.M. should be authorised to retain enough prisoners at the local gaol to attend to matters of this kind. Until all householders can be compelled to contribute to the sanitary work it is useless asking them for voluntary help; buckets should be made compulsory for night soil, and there should be a uniform mode of removal; the discontinuance of the use of prison labour for the removal of night soil was a mistake. There are several dwellings which are unfit for human habitation. The Court-house is a disgrace to the place; it is utterly unfit for the work which is carried on in it, and uncomfortable and dangerous to the lives of those who have to spend so many hours daily in it. Meat, which was formerly kept in an unsuitable place, is now stored elsewhere. Cattle, swine, sheep and goats should not be kept within the village area. The cemetery remains as before, and is becoming overgrown with trees and weeds. The local authority should make a charge for burials, and devote the proceeds to putting the place in order. Bakeries, butcheries, and sanitary arrangements of properties should be periodically inspected by someone. The school remains as before, a standing disgrace. An epidemic of Whooping Cough occurred; no cases of Typhoid, Scarlet Fever, or Diphtheria occurred. No general vaccination has taken place; the District was well vaccinated in 1906; it would, however, be unwise to allow more than two years to elapse between general vaccination tours. The District Surgeon is endeavouring to persuade the general Divisional Councils to establish, as an experiment, a small hospital for Kafirs only; a hospital would be of the greatest educational value; Kokstad Hospital is too far away. The amount of harm done by the Kafir doctor can only be estimated by a medical man who sees the cases on which he has been at work, and perhaps by the missionaries. The spread of Tuberculosis is not very rapid because the population is scattered; once it gets into a kraal, however, its spread is inevitable. A few cases of Syphilis exist.

MOUNT CURRIE.—**DR. A. J. H. THORNTON, DISTRICT SURGEON.**—Water-supply for Kokstad remains unchanged; scheme is under consideration for supplying drinking water through pipes, the open furrows still to be maintained for irrigation; District Surgeon considers it would be a mistake to maintain open furrows, as the Coloured population will not go to the street mains for drinking water so long as they can get it from the furrows passing their doors. All habitations are provided with pail closets; night soil removed by an effective service of night carts under Municipal control. Slop water and refuse disposed of privately. Laundry work in the hands of the coloured population mostly, done in the river below the town. No overcrowding. The three private slaughter-houses are now in good order, as are also the bakeries. Regulations for the more efficient control of dairies have been adopted by the Municipality, but not yet enforced. Swine are not permitted in the township. Cemeteries in good order. All nuisances

reported receive attention. No hospital accommodation for infectious diseases, but cases of Enteric may be treated in the General Hospital. No system of medical inspection of schools or scholars. Few cases of infectious disease occurred during the year; there were 6 cases of Enteric, all sporadic. One case Diphtheria occurred at the Hospital. There were also 2 cases of Puerperal Fever. The Municipal Council does everything possible to prevent outbreaks. Notification of Tuberculosis has not yet been made compulsory. Syphilis not very prevalent; a few cases of Scurvy occur from time to time amongst Gaol prisoners, especially those who have been for some months awaiting trial and living on the rations laid down for "awaiting trial prisoners."

MOUNT FLETCHER.—DR. R. E. J. PHILLIPS, ADDITIONAL DISTRICT SURGEON.—The health of the District is uniformly good; no prevalence of any infectious diseases. Householders make their own arrangements as regards night soil, slops and refuse. Water-supply is unchanged. Washing is done in the river. Syphilis is prevalent among the Natives.

MOUNT FRERE.—DR. R. C. MORLEY HOARE, DISTRICT SURGEON.—Water-supply improved, V.M. Board having fenced the springs in. Night-soil pails used, but people are returning to cesspits as the prisoners are not now allowed to empty the pails. Butcher's shop is still attached to the hotel stable. Cattle are kept in the village, but no pigs. One cemetery in good condition, the other unfenced. Outbreak of Small-pox at Cancele; 2 cases; infection from Idutywa District; 190 persons vaccinated; lymph supplied was of excellent quality, 8,956 persons being vaccinated during the year. Tuberculosis on the increase. Syphilis prevalent. One case of Bilharzia in the village; about 20 cases reported. Tape-worm is excessively met with. More sickness occurred in the Mount Frere Gaol in the past year than in the whole of the five years previous; this was due to the overcrowding and defective construction of the Gaol premises.

MQANDULI.—DR. P. H. WALKER, DISTRICT SURGEON.—Water-supply and sanitary circumstances remain unchanged. The ventilation of the Gaol has not been improved; the ventilator in one of the two male cells is $7\frac{1}{2}$ in. by $15\frac{1}{2}$ in., and the record number of prisoners in one cell is so far 25. No hospital accommodation. Kafir schools have no sanitary conveniences or drinking water supply, and children attend school while desquamating, or while others of the family are down with infectious disease. Measles overran the District in a virulent form, and is not yet extinct. Small-pox troublesome; at least 200 cases, and 5 or more deaths occurred; practically only taxpayers' deaths are carefully reported. The outbreaks were scattered all over the District, and cases are still being reported. About 4,900 persons were vaccinated during year. The custom of younger wives taking children away to their old homes when sick is one way of spreading the disease; also Natives travelling during the idle winter months and beer-drinkings help to spread the disease; although adults do not generally take it they have it severely when they do; the disease is looked upon as a mild kind of child's disease. The vaccination of the population is never complete, and mothers sometimes wash off the vaccine; thus a considerable number of susceptible persons of all ages remain in every ward until Small-pox arrives to pick them out. One case of Diphtheria; no Enteric in District, but several cases from beyond the boundary. Tuberculosis widespread, as Phthisis, tubercular ulceration of the skin and strumous glands, strumous joint disease, and Tabes Mesenterica, Tubercular Meningitis less common. Spinal caries is common. Bovine Tuberculosis is unknown. The spread of the disease must be chiefly attributed to the sick Natives' filthy habit of expectorating on the floor and walls of the dark, windowless huts, whilst the habit of sleeping with the head enveloped in the blankets hastens the fatal result. Syphilis is mostly in the hands of Native quacks; only 3 or 4 tertiary cases were seen by the District Surgeon. Practically every Native has Taeniae or ascarids or both; oxyurids seem less common. Every Native-owned pig has "measles"; about eight years ago it was possible to buy healthy pigs, but this is not so now. There has been a good deal of chronic amoebic dysentery among children.

NGQELENI.—DR. FIFE SLATER, DISTRICT SURGEON.—Water-supply, rain and river water. Night-soil is collected mainly on the dry earth system. Slop water and refuse are cast on dust heaps, but with such ample air space no ill effects may be expected to arise. Washing is done at the riverside. No overcrowding exists among Europeans; it however exists among Natives, and in all cases the ventilation is deficient, a factor which encourages the spread of Tuberculosis. There is one cemetery in the village, which is well kept. No steps are necessary to abate nuisances. The village school is sufficient for local requirements; there are several Native schools, and one large institution at Buntingville; the sanitary conditions of all are believed to be satisfactory. There were 11 outbreaks of Small-

pox during year; the steps taken were inadequate; no guards were allowed by Government, and the quarantine as imposed was a farce. Vaccination has been done widely, but in no case has it been thorough; in all cases a large proportion of the inhabitants do not attend; headmen and owners of kraals should be made responsible for all their people being vaccinated; instances occurred of successive outbreaks in two locations due to the incomplete vaccination of the population during the first outbreak; no steps were taken to disinfect the huts or clothes. Tuberculosis seems to be increasing among the Natives; tubercular cervical glands most common, but Phthisis and Caries also occur. Syphilis is not very prevalent, but is on the increase. One outbreak of Anthrax occurred; 2 Natives died, and many were very ill. The infection was received from eating the flesh of an ox which had died from the disease.

NQAMAKWE.—DR. JOHN STRUTHERS, DISTRICT SURGEON.—Water-supply without improvement. Matters of hygiene fairly satisfactory. Three cases of Small-pox during the year; no other case of infectious disease. Tuberculosis very prevalent. Syphilis, Bilharzia, Scurvy and Puerperal Fever occasionally met with. No epidemic, except one of Whooping Cough.

PORT ST. JOHN'S.—DR. T. QUERNEY, DISTRICT SURGEON.—The water-supply is still inadequate through lack of storage tanks; 2 new wells were sunk during year, one for the new gaol, about $1\frac{1}{4}$ miles from the village, and one at the outspan about a mile from the village; the supply in both cases is slightly brack. The unoccupied erven of the village have been freer of stagnant pools of water than previously. The sanitary accommodation is adequate, and the removal system is unchanged. Household and other refuse have been burned at intervals at the depositing site—a decided improvement. Clothes washing is done in pools—very unsatisfactory during the drought of winter. Monthly and surprise visits made to butcheries and bakeries for the inspection of meat and bread: no unsound food discovered; both butcheries and bakeries would be benefited by a frequent and thorough lime washing. Remarks regarding the keeping of animals still apply, especially those relating to stables. No native location. The cemetery is now in the hands of a Board of Management, and is satisfactory. During year grave spaces and footpaths have been marked out; the whole area has been re-fenced and gated and generally kept in good order. One public and one private school: the latter is badly lighted, and both are badly ventilated and have insufficient air space: no arrangements for the inspection of schools. One case of Enteric Fever at Nomandi's Location; source of infection not discovered; another case occurred in the village where it had arrived a few days previously from East London. An outbreak of Small-pox occurred at 'Nfurgele's kraal; imported from Lusikisiki; 2 cases occurred, both in unvaccinated persons and both fatal. Tuberculosis more in evidence than in former years. Syphilis not very frequent. Bilharzia, Haematobia does not occur locally. Entozoal disease common, especially Round Worms, Tape Worms and Thread Worms.

QUMBU.—DR. E. A. CULLIGAN, DISTRICT SURGEON.—Sanitation and sanitary circumstances unchanged. Slaughtering of stock has been ordered to be carried out at a place well away from the village. A Cemetery Board has been appointed, and graveyard fenced off. Under the head of "Abatement of Nuisances," the local gaol and remarks thereon in last year's report might be referred to. Enteric Fever was very prevalent in the District though few cases were reported. Small outbreak of Small-pox occurred close to the village: 13 cases in all; 56 persons were vaccinated a second time. Tuberculosis very prevalent amongst the Natives using European attire exclusively. One case of Syphilis treated, imported from Johannesburg.

ST. MARK'S.—DR. WILLIAM O. R. ARNOT, DISTRICT SURGEON.—Water-supply and sanitation as described in previous reports. School building is recent: latrines not well attended to, and some little time back were decidedly offensive. Government has stopped use of prison labour for sanitary purposes, and it is very difficult, if not impossible, to get free labour for the purpose. No Enteric or Diphtheria during the year; 3 outbreaks of Small-pox, 2 at Domkrag's and 1 at Qungu's ward: cases in former outbreak were of a mild type: 1 case at Qungu's was very severe, and ended fatally; all work in connection with the outbreaks carried out by D.S. under instructions of Resident Magistrate: thorough disinfection before raising of quarantine. Tuberculosis still very evident and appears to be spreading; chiefly of pulmonary type: also as disease of cervical glands, hip-joint and spine. Only a few cases of Syphilis seen. Several cases of Scurvy, chiefly in men just returned from work. Severe epidemic of Influenza during latter months of year, causing many deaths amongst children and aged.

TABANKULU.—**DR. L. V. TEBBS, DISTRICT SURGEON.**—General health of District good except for two outbreaks of Small-pox; disease was widespread, though not of severe type; vaccination of District was undertaken; attendance at most of the centres very satisfactory; District has never been efficiently vaccinated; three remaining centres still to be visited. Leprosy is said to exist among the Natives at the lower end of the District, but would probably require a surprise visit to detect. Water-supply of village remains unchanged; the quantity has been increased during the dry season by attention to the open furrows, but from drainage and contamination the supply is unfit for drinking purposes during the dry season. The drainage has also been improved. Recommendation in last report as to the disposal of refuse and night soil from the C.M.R. Camp is, it is understood, to be carried out, and the dry earth system for latrines established. Other matters remain unchanged.

TSOLO.—**DR. DAVID MELVILLE, DISTRICT SURGEON.**—Water-supply from a fountain behind the village; pure at source, but polluted long before delivery; delivery is by open furrow, which is unprotected; supply sufficient. Night soil either buried or disposed of in cesspools; slop-water and refuse disposed of by householders according to their fancy. Slaughter-houses satisfactory. No system of food inspection. No public cemetery; endeavours have been made during the past year to find a suitable site, but so far sufficient depth of soil has not been found. There are no nuisances which can be dealt with satisfactorily without a V.M. Board. No hospital exists; one is very badly needed; cases requiring hospital treatment are constantly met with, and as there is no such accommodation the Natives must die; they are not, of course, in a position to pay hospital fees. School satisfactory. Severe prevalence of Enteric Fever in the District, chiefly at Esidadmeni; D.S. inspected this area, and found that a water-hole was the source of infection; the hole was filled in, and since then the number of new kraals infected has greatly diminished; 93 cases were treated by D.S., of whom 6 died; there were probably many cases not reported. Tuberculosis is becoming very severe among men who go to the mines, returning with the disease and proceeding to infect their relatives. D.S. can give little or no information regarding Syphilis; recommends that C.D. Act be extended to the District forthwith. A peculiar form of Scurvy which Natives contract in the Colony and Transvaal is found in boys who have been working at the various labour centres; about 60 cases seen during the year. Several cases of Puerperal Fever among the Natives after complicated labour. Tape Worm and Whip Worm exist, and an occasional case of Hydatid; several cases of Anthrax seen, resulting from eating diseased meat; the Natives are very successful in treating this disease; D.S. knows of no deaths having occurred among them from it.

TSOMO.—**DR. J. VICTOR HARTLEY, DISTRICT SURGEON.**—Water-supply of village unchanged; there is increased tank accommodation; more effectual means should be taken to impress the headmen and Natives with the necessity for keeping the springs and streams where they obtain their drinking water clean, and to protect them from contamination by stock. Owing to prisoners being no longer available for emptying sanitary pails, several householders have reverted to the old system of cesspits; it is impossible to obtain free Native labour for this purpose. One butcher's shop—satisfactory. The Commonage having been enlarged, it has been possible to select a more suitable site for the cemetery; the matter is in the hands of the Surveyor-General. Efforts made during the year to obtain suitable school premises; there has been an increase of activity among the Natives in improving their school buildings. No Small-pox during the year; 32 adults vaccinated at headquarters. Three outbreaks of Enteric Fever occurred—12 cases in all, with 5 deaths; in all the cases water-supplies were investigated; they were cleaned out and lime freely used; stools were carefully dealt with; huts cleaned and whitewashed. One case of Diphtheria occurred on the Mission Reserve. Tuberculosis is causing great suffering among the Natives; in the early part of the year the D.S. gave a series of lectures to the Native teachers on this disease, its modes of spread, prophylaxis, personal hygiene and school hygiene; these were well attended, and have had a wholesome effect; D.S. is sure that any steps taken to teach the Natives to combat this disease will be rewarded. As regards the registration of deaths, D.S. points out that Natives use the term "Fever" very loosely; many Insurance Companies state that they will view this term "Fever" as suspicious of Tuberculosis; as many Natives are now being insured, this will have a bad effect on their prospects. Four cases of Syphilis treated under Part II. of the Act; they came from Qombolo Location; they ceased attendance before recovery. Tape Worm and Round Worms are common; Hydatid disease rare. Several suspected lepers reported, but not examined; there is reason to believe that

there are more lepers in the District than are known of, especially in the Locations on the Kei and Tsomo Rivers; an official visit to ascertain the number at large would be advantageous. Population of District officially given on 31st December, 1906, as 180 Europeans, 20,215 Natives; total, 20,395; births registered during the year, 8 European, 191 Native; deaths, 3 European and 191 Native; a disconcerting fact in this connection is the number of young Native girls who are charged with the crimes of infanticide and concealment of birth of their illegitimate children.

UMTATA.—DR. ROBT. H. WELSH, DISTRICT SURGEON.—Last session of Parliament a Bill was passed authorising the carrying out of the gravitation water-supply scheme. The surface drains have been improved by laying several hundred yards of kerbing. Sanitary accommodation of dwellings often leaves much to be desired. Removal system unchanged. Washing still done on the river banks; a few wash in the back yards. No system of inspection by which correct information about overcrowding can be obtained. There are no regulations for ensuring the healthiness of new buildings; each individual builds as he likes. No means adopted for detection of unsound or unwholesome meat or other food. Health and sanitary condition of schools satisfactory as far as can be ascertained; no arrangements for medical inspection. Only a few isolated cases of Enteric Fever; no Diphtheria or Small-pox. There have been several cases of Scurvy at the gaol and others at the Native Institution; all circumstances are similar to those previously described, and so long as these conditions exist cases of Scurvy will occur. Epidemic Pneumonia was prevalent during the early part of summer and caused a number of deaths.

UMZIMKULU.—DR. W. L. A. LESLIE, DISTRICT SURGEON.—Owing to heavy rains during the year, water-supply abundant and generally good; Europeans use rainwater for household purposes; during the rainy season the land in the immediate vicinity of the Court-house was practically a swamp, and the smell from stagnant water and decaying vegetation was very offensive. Cesspits in use for night soil. No overcrowding. Slaughter-houses, butcheries and bakeries satisfactory. Native locations throughout the District satisfactory as regards sanitation. Cemetery situated some distance from the village, and well kept. No nuisances requiring abatement. Epidemics of Varicella, Whooping Cough, and Measles during the year; many undetected cases of Small-pox occurred in the District; several sporadic cases of Enteric in the District; no case in the village. Tuberculosis largely on the increase, chiefly pulmonary and glandular; disease not so common among the raw Natives, and when it occurs in outlying kraals infection can generally be traced to some Native who has returned from one of the mining centres; among the Griqua population Tuberculosis is almost universal. D.S. has seen cases resembling Malta Fever, but was unable to verify diagnosis as there is no hospital for observation of such cases; the patients go back to their kraals, however ill they may be. Scurvy very common among the Natives, particularly between December and February, as there is then a scarcity of green food; many returning from the mining centres have well-marked Scurvy.

WILLOWVALE.—DR. A. LANG KNAPMAN, DISTRICT SURGEON.—Water-supply and sanitary circumstances as described in 1906 report. Outbreak of Small-pox during the year; 20 cases, with 3 deaths; disease was of a very mild type; 2 of the fatal cases were unvaccinated; 1,981 persons vaccinated in connection with the outbreak; total expenditure, £51 14s. 6d. Dysentery prevalent during later months of year; due chiefly to drought. No Typhoid or Diphtheria observed, though D.S. believes there were a fair number of cases of Enteric coincident with Dysentery. Outbreak of Whooping Cough during last three months of year. Five male lepers certified; 4 were removed to Emjanyana, the fifth died before removal. Two cases of Syphilis observed, both primary.

XALANGA.—DR. T. L. CRAISTER, DISTRICT SURGEON.—Extensive epidemic of Fever during the year, Typhoid in kind with severe lung complications in most cases; rarely any Diarrhoea; several deaths therefrom in urban and rural areas; 1 case of Small-pox in a stranger passing through; epidemic of Whooping Cough in April and May. Special instructions issued to headmen, but it is very difficult to make the Natives understand sanitary precautions. Water-supply of Cala good, from a weir above the town, distributed in pipes. Night soil removed on bucket system; slop-water and refuse by householder, if at all. Washing done in river below town and on private premises. No system of inspection as regards food, slaughtering, and so forth. There is an iron house belonging to the Town Council for infectious cases situated outside the town. Tubercle still prevails among the Natives. Syphilis common, but generally concealed.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.
ANNEXURE "B."

SUMMARY OF ANNUAL REPORTS OF LOCAL AUTHORITIES UPON
PUBLIC HEALTH AND SANITATION DURING THE YEAR 1907.

Extract from Circular Letter dated 5th December, 1907, calling for Annual Health Reports.

The Report should furnish information on the following points:—

- (1) Water Supply: describing the source, whether surface, river, spring or other; whether the source belongs to or is under the control of your Local Authority, and whether it is situated within or without the area of your Authority; by what means the water is collected, stored and distributed, whether by pipes or open furrows; whether the supply is adequate, and whether the water is pure or is liable to pollution.
- (2) The system of collection and disposal of (a) night-soil, (b) slop-water, and (c) household and other refuse, giving full particulars regarding the manner of and frequency in making the collection, and as to the cost of carrying it out and the manner in which this cost is met. State whether duplicate pails of standard pattern are required for every closet.
- (3) The extent to which infectious disease has prevailed, and what steps have been taken both for preventing and dealing with outbreaks thereof, and the nature and extent of the existing Infectious Diseases Hospital accommodation. What use is made of information obtained through the notification of Infectious Diseases?
- (4) What measures are being taken by your Local Authority to combat the spread of Tuberculosis, especially as regards cases of the disease notified to it under the Public Health Acts, and as regards the remedying of overcrowding and the unhealthy occupation of dwellings?
- (5) The water-supply, night-soil removal and disposal, general sanitation and good order of any Native Location or Camp of Natives under the control of your Local Authority.
- (6) Whether your Local Authority has established any Public Abattoirs or contemplate doing so. What are the conditions under which slaughtering is at present carried out?
- (7) What system of inspection of butchers' shops, dairies, and of meat, milk and foodstuffs is carried out, and with what result as regards the detection of diseased, unsound or unwholesome meat and other food?
- (8) What action has been taken to remedy any sanitary defects that may have been found to exist during the year (especially such as the pollution of water, the accumulation of filth and noxious matters, overcrowding of dwellings, and the habitation of any that are unhealthy or dangerous to life), and generally to prevent or limit the occurrence of preventable disease.
- (9) Have any new works or undertakings been commenced, continued or completed during the year? If so, kindly furnish particulars thereof.
- (10) Any other matters relating to the Health or Sanitation of your area which may be deemed worthy of report.
- (11) The nature, extent and duties of the Sanitary Staff employed by your Local Authority.

The following Local Authorities report that no change has occurred in the sanitation and sanitary arrangements during the year 1907: Municipalities of Adendorp, Douglas, Heidelberg, New Bethesda, McGregor, and Village Management Boards of Balfour, Barkly West, Breidbach, Daniel's Kuil, Dysseldorp, Emgwali, Frankfort, Hanover, Herbertsdale, Pacaltsdorp, Van Wyk's Vlei, and Zuurbraak.

The Health Officers to the following Local Authorities are also District Surgeons at the centres mentioned, and reference is accordingly invited to the reports rendered by them in the latter capacity, which embody information regarding the areas of the Local Authorities concerned:—

Municipalities of Adelaide, Caledon, Ceres, Clanwilliam, George, Maraisburg, Port Alfred (Bathurst), Sutherland, and Venterstad.

The following have not furnished reports of public interest:—Municipalities of Knysna, French Hoek, Mossel Bay, Porterville, Prieska, and Village Management Boards of Bellvale, Braunschweig, Davidscheepers, Eland's River, Eyre, Hackney, Hertzog, Kamastone, Keimoes, Lesseyton, Napier, Paterson, Pirie, Postmasburg, Readsdales, Salem, Upper Blinkwater, Umuxesha, Vredenburg, and Windsorton.

The following have not furnished any report:—Municipalities of Britstown, Cradock, De Aar, Loxton, Petrusville, Rondebosch, Stutterheim, Wynberg, and Village Management Boards of Alexandria, Brandvlei, Bergman's Hoek, Blinkwater, Ebenezer East, Elliot, Griquatown, Heald Town, Huguenot, Kenhardt, Manczana, Nqamakwe, Peelton, Philipton, Riebeek Kasteel, Riebeek West, Rooigrond, Van Rhynsdorp and Wooldridge.

NOTE.—In the following abstracted reports, (M.) denotes Municipality, and (V.M.B.) Village Management Board.

ABERDEEN. ABERDEEN (M.).—The old source of water-supply is a spring under control of Local Authority, although on Church property; water is collected at an intake dam and thence brought to town by an open furrow; supply plentiful, but subject to pollution; during 1907 Municipality sunk a borehole in a central spot in town, from which a plentiful supply of water for domestic purposes has been obtained; cannot say whether this water is chemically pure, but it is free from pollution, as it is raised by an aer-motor and pumped into a stone and cement reservoir, which is securely covered by a wood and iron roof; total cost £201 11s. 3d.; on outskirts are two dams for collecting surface water; the large one is used for watering stock and the smaller, which is enclosed, is used by people in the neighbourhood for domestic purposes. Most of the inhabitants use pails for night-soil; these are regularly removed and replaced by cleansed and disinfected pails; no separate slop removal system; domestic refuse removed regularly once a week. Three cases of Enteric, 1 of Puerperal Fever and 1 of Phthisis during the year; Lazaretto consists of two buildings; one having 2 rooms for patients, the other building is for the caretaker. No overcrowding allowed; frequent inspections made. Since September, 1905, Native Location has been under control and supervision of the D.R. Church. A public abattoir will now be erected, an arrangement having been arrived at with the D.R. Church; at present slaughtering is carried on in the butcher's yard; Sanitary Inspector inspects butchers' shops; a new Regulation has been submitted to Government making the exposing for sale of meat unfit for human food punishable by law. Sanitary Staff consists of a Sanitary Inspector and Sanitary Contractor with the latter's staff.

ALBANY. 1. GRAHAMSTOWN (M.).—Report by Dr. J. Bruce-Bays, Health Officer.—Water-supply from two reservoirs impounding water from a large catchment area; mostly surface water, but there are also some springs; source belongs to Municipality, but lies some 8 miles beyond its area; supply at source is more than adequate, but, owing probably to some leakage in the pipe track, there is some difficulty in getting the necessary amount into the town; owing to passage of some of the water through a boggy subsoil, and the large amount of vegetable matter near the reservoirs, the water is impure, containing a large amount of inorganic matter; Health Officer has repeatedly urged the absolute necessity of filtration, but up to the present the water remains unfiltered; the greater amount of drinking water is procured from rain-water falling on the roofs of houses. Night-soil received into pails of standard size and shape; contents removed at least once a week and emptied into a tip-cart and deposited about 2 miles from the town; single pail system in use; the cost of a duplicate system stands in the way of its adoption; sanitary system worked by contractors, who secure the work on payment of a yearly premium—a very unsatisfactory arrangement; contractors collect charges not exceeding 6d. per pail per removal; city divided into 4 wards, and the work at present is done by 3 contractors. Slop-water ordered to be removed from premises on which there are no means of disposing of it; the occupier has to make his own arrangements; it is deposited in trenches on the veld some distance from the town. No organised system of refuse removal; the provision of proper refuse carts is necessary. Notifications during the year: Tuberculosis 93—chiefly pulmonary and in Coloured races, Enteric 59, Scarletina 20, Diphtheria 5, Erysipelas 1, Leprosy 1, Puerperal Septicæmia 3. Enteric cases were of a sporadic nature, scattered singly over town and Location, apparently without any connection one with the other. The cases of Puerperal Fever were attended by midwives, over whom there is no control or supervision. Victoria Fever Hospital has 8 wards of 2 beds each; the majority of Enteric cases were removed to it. Health Officer visits premises on receipt of notification of Infectious Disease, and sees to isolation and the taking of precautions. Considerable difficulty exists in dealing with Tuberculosis owing to the great and increasing number of cases, the impossibility of isolating them, the dirty habits of many of the town Natives and their great susceptibility to the disease; Health Officer has twice addressed meetings of the Coloured people and Kafirs, and has distributed printed directions to the Headmen. Practically no overcrowding exists; few unhealthy dwellings; even in Location there is probably not much

overcrowding. Piped water-supply to Location twice a week, but, owing to the defective flow from the reservoir, the amount has not lately been so good as usual; Natives, except those who have pails and latrines, use their gardens for the deposit of stercus; the amount of control over the Natives in the Locations is by no means excessive. The Council some time ago contemplated the erection of public slaughter-houses, but were deterred by the cost, though this would probably have been covered by the revenue; the present houses, though with many grave defects, are kept fairly clean; there are 5 in all, used by 8 butchers. Until recently Health Officer made a weekly inspection of meat; this is now done by Sanitary Inspector, who reports to Health Officer. The question of adulteration of milk and food is in the hands of the R.M.; Health Officer has been unable as yet to get the Model Dairy Regulations adopted. Practically no Tuberculosis in cattle; the most frequent form of diseased meat is that due to Measles in swine. The paving of a further portion of the river bed has not this year been proceeded with, as it should have been. Some of the rubble street gutters have been replaced by concrete; the old type of gutter was very defective. Sanitary staff consists of Health Officer and Sanitary Inspector.

2. ALICEDALE (Local Authority under Section 13, Act 23, 1897).—The water-supply is mainly rain-water collected in galvanised and under-ground tanks; sufficient for domestic purposes; a further supply is obtained from a borehole at the Station, which is brackish but otherwise of excellent quality. Night-soil, slop-water and refuse removed bi-weekly by the Cape Government Railways. The service is very good on the whole, and the cost is met by a rate collected by the Divisional Council. No infectious disease of a serious nature during year. No system of inspection of dairies and butchers' shops.

ALBERT. BURGIERSDORP (M.).—Water-supply unchanged; very good. Night-soil system unchanged. Council not prepared to adopt system suggested by M.O.H. for the Colony, owing to want of funds. Slop-water and refuse collected satisfactorily. Only 4 cases of Typhoid during the year; also one case of Small-pox, contracted in the District. Location in very good condition; water-supply same as that of the town. Slaughter-house has been erected as previously reported. No overcrowding. Council had under consideration the erection of Cottage Hospital for infectious diseases cases, but funds would not permit.

ALI WAL NORTH. 1. ALI WAL NORTH (M.).—Report of Dr. H. St. John Randall, Health Officer.—The water-supply is from the Orange River, which has a weir across it; it is pumped by turbines, which also drive the Electric Lighting machinery; the supply is collected in a masonry reservoir containing 2,500,000 gallons, and is thence distributed by gravitation; the supply is abundant, the average daily quantity pumped into the reservoir being 400,000 gallons; there is at present no effective filtration, and at rainy times the water is muddy, but at other times it is quite clear; analysis has shown that beyond the muddiness there is nothing objectionable. Rainwater is largely used for drinking purposes; rainwater tanks are generally full when the river is muddy, and in the drier times when the tanks are empty the river water is clear and potable; experience has shown that rainwater is not specially dangerous. The irrigation supply is from a mineral spring about a mile outside the town; the town's share amounts to nearly 1,000,000 gallons daily, which is distributed in open furrows; it is also used for rough domestic purposes. Night-soil is removed on the pail system once a week; fresh cleansed and tarred buckets are substituted for the full ones. The sanitary charges are 5s. per month for the weekly removal of one pail and 2s. per month extra for every additional pail; these charges include the removal of slops and rubbish; the Council sustain a small financial loss annually on these charges, chiefly owing to the number of removals made gratis and at reduced rates; duplicate pails of uniform size are in use. Notifications during year: Enteric Fever 8, Scarlet Fever 3, Diphtheria 1, Leprosy and Erysipelas one each. Whooping Cough was more or less epidemic during September and October. When a notification is received the premises are inspected and receptacles for soiled linen provided, and also separate pails which are changed each night; disinfectants are supplied gratis where necessary; premises are thoroughly disinfected at the termination of the illness; an Isolation Hospital, holding six patients, is available. No special action is taken regarding Tuberculosis; cases of overcrowding are reported, and steps taken to have them remedied. The water-supply to Native Location is from Orange River; latrines are provided near Location and kept in order by Council. The Council has in view a scheme for the establishing of model Native dwellings, which is, however, in abeyance owing to want of funds. Besides the Municipal Location there are several private Locations with a population of about 750 Natives; these constitute a problem which has

exercised the Municipality for many years; the sanitary arrangements are very defective, and there is no supervision beyond the routine visits of an Inspector; the only remedy is to make use of the Native Reserves Location Acts of 1902 and 1905, and have all Natives under direct control and properly housed. There is no public abattoir, but the Local Authority intends establishing one when funds permit; it is much required. Standard Regulations are enforced and all dairies are registered and regularly inspected; dealers' licences are only granted after inspection of the premises. No new works during year. The Sanitary Staff consists of a Health Officer, a Sanitary Inspector and the part services of a rate collector, besides drivers, labourers, etc.

2. LADY GREY (M.).—Report of Dr. L. J. Newnham, Health Officer.—Water-supply from public and private wells; surface water is collected and distributed by open furrows; there are also two small dams; all these are liable to pollution; it is to be greatly regretted that the projected scheme for a reservoir in the kloof has not been carried out. Night-soil removed once a week, but pails of a standard pattern should be used. Slop-water often thrown into the streets or open furrows. Infectious Disease, except Influenza, almost unknown during year. There is a small stone building outside town which is used as a Small-pox Lazaretto; proper measures are taken immediately on notification for the prevention of spread. Tuberculosis is practically unknown. The Native Location is always a menace from its situation, but is kept tolerably clean. It would be advisable to remove the squatting Hottentots from the town. Abattoirs satisfactory. Inspection of foodstuffs is well carried out by the Sanitary Inspector. No new works carried out during year, the chief desideratum, the Kloof Reservoir, being held in abeyance owing to want of funds. A proper system for the disposal of slop-water should be introduced.

3. JAMESTOWN (V.M.B.).—No notifications of Infectious Disease during the year; Measles and Whooping Cough have been prevalent. Objections have been forwarded to the Government against the system of allowing cesspits or buckets, but there is no regulation compelling the use of buckets. Closets regularly inspected; the Inspector has received instructions that if he finds any yard a nuisance he is to take immediate action under the bye-laws. One or two private wells; no public well. There is a bore-hole for public purposes, but no drainage can reach it; the water is pure.

BARKLY EAST. 1. BARKLY EAST (M.).—No change as regards water-supply or sanitary circumstances. The Location site has now been transferred to Council and suitable bye-laws framed; the same sanitary service as for town is being carried out in Location. Council have applied to Government for a bye-law to demarcate certain portions of commonage for washing purposes, so as to prevent risk of pollution of water-supply.

2. RHODES (V.M.B.).—Water-supply from springs under the control of the Board; supply sufficient and pure but liable to pollution when it becomes scarce. Night-soil remains in the closet in a deep pit dug for the purpose; refuse deposited at a site outside village pointed out by Board. No infectious disease except Chicken-pox. Location Natives obtain water-supply from the spring; refuse from Location deposited on town lands, pointed out by Board. Slaughtering is carried out on a farm adjoining village.

BARKLY WEST. BOETSAP (V.M.B.).—Water-supply from a fountain within the Board's area; conveyed by earth furrows from an earth-work dam; supply very inadequate and liable to pollution. No system of collecting night-soil, etc., the village being very poor and the houses scattered. Very few Natives; no special arrangements for them.

BATHURST. BATHURST (M.).—Water-supply unchanged. Night-soil removed from school-house and school on pail system; all other houses have cess-pools. No Infectious Disease has prevailed during year. Water-supply of Location is from running stream; sanitation is on the cesspool system. No system of meat inspection and no Sanitary Staff, the Secretary doing all that is required.

BEAUFORT WEST. 1. BEAUFORT WEST (M.).—Report of Dr. J. A. Westby, Health Officer.—Night-soil removed on the pail system at 6d. per removal. Slop-water is collected daily in tank wagon, and refuse is removed twice weekly, no charge being made for slop-water and refuse; duplicate pails of standard pattern are in use in closets. The Location water-supply and sanitary arrangements are the same as those of the town; the general sanitation and order are fairly good. Accumulations of filth and noxious matters have been promptly removed when reported. Sanitary Staff consists of Health Officer and Sanitary Inspector.

2. MERWEVILLE (V.M.B.).—Water-supply from a superficial spring in the river bed, distributed by furrows. No sanitary removal system; night-soil is disposed

of by householders; single pails used for closets; no Infectious Disease. Location water-supply from same source as that of town; an Inspector has been appointed to look after sanitation of Location. No sanitary defects have occurred.

BEDFORD. **BEDFORD (M.).**—Water-supply from springs on top of mountain, collected in reservoir holding 500,000 gallons and distributed in pipes; supply adequate and pure except that one spring is affected by decaying vegetable matter. Tub system in use for night-soil, fortnightly removals by Contractor, oftener if necessary; duplicate pails of standard pattern required for every closet. Refuse and slop-water removed to depositing sites by householders. Few cases of Infectious Disease. Tuberculosis not thought to be spreading. No overcrowding reported. Location water-supply from the same source as that of the town. Closets have been erected by the Council in the Location, removals being regularly carried out by Council's Contractor. Present conditions of slaughtering are considered adequate. No system of inspection of butchers' shops or dairies. No new works during the year. Council employ one Sanitary Inspector, who inspects and reports on all yards and closets within the Municipality once a week.

BREDASDORP. **BREDASDORP (V.M.B.).**—Water-supply from a kloof in the mountain; brought by open furrow enclosed by wire for a certain distance; it is liable to pollution. Night-soil and refuse are removed by contract. A few cases of Fever reported during year; Isolation Hospital has been provided by Board. Board has been more active in seeing that orders in regard to sanitary defects are carried out.

CALEDON. **1. HERMANUS (M.).**—Dr. J. J. Hoffman, Health Officer.—Water-supply from two springs a mile from the village and under control of the Municipality. Water brought in pipes to reservoir, which is about 50 yards from the springs and 160 feet higher than Hermanus. Water then distributed by pipes. Supply pure and adequate. Reservoir surrounded by wall and barbed-wire fence, but enclosure of area of 100 x 50 yards between the reservoir and the mountain would be advantageous. Night-soil collected in pails of standard pattern and removed twice weekly; no provision made for removal of slop-water. Municipality remove household and other refuse twice weekly. No duplicate pails required for night-soil; pails are emptied into cart and again replaced. One death from Tuberculosis. No Native Location as yet, but as the Native inhabitants are increasing, this may soon become necessary. Slaughtering done outside the town. Butchers' shops have been inspected; one is unsatisfactory. Reservoir has been cleaned out during the past year and springs opened up, thereby increasing supply of water. Sanitary staff consists of Health Officer, Town Clerk, who also acts as Sanitary Inspector, and Coloured boy to keep the streets clean.

2. VILLIERSDORP (M.).—Water-supply conveyed by pipes and furrows from the Aasvogelsberg; pipes have been laid during the past year, and the domestic supply is now mostly obtained from these; formerly it was obtained from open furrows; supply plentiful and pure. Night-soil removed twice a week. Several cases of Enteric reported during the year; isolation and disinfection carried out and spread prevented. Slop-water and refuse buried in private grounds. No public abattoir; slaughtering done in accordance with the Regulations. No system of meat inspection.

3. GREYTON (M.).—Report by Dr. A. J. Albertyn, Health Officer.—Sanitary arrangements of Greyton inspected on 30th October, 1907, and causes of epidemic of Typhoid Fever investigated. Greyton is pitifully devoid of sanitation; the inhabitants to all intents and purposes do as they please from a sanitary point of view; the present outbreak of Typhoid Fever is due to polluted open watercourses and lack of ordinary sanitary conditions. Water-supply from Greyton mountains; pure and palatable at origin; drinking and irrigation supply led through the village by two open furrows which run parallel and about 80 yards apart; huts for accommodation of Coloured people adjoin the furrows; these people are ignorant and filthy in their habits and customs, and as there is no closet system, and no compulsory removal system, there is not the slightest doubt that they defæcate and micturate in the gardens adjoining the watercourses, consequently the greater bulk of the inhabitants drink water polluted with human excrement, etc., so that it is no wonder that Typhoid often breaks out in epidemic form. The watercourses are covered by overhanging oak trees, the leaves of which fall in winter, and unless special attention is paid to their removal their decay would be a source of danger to health. As long as the present water-supply system prevails the village will remain in a very deplorable insanitary state; the pipe system should be adopted, or, if funds do not permit of any radical change, then the water furrows should be made to run above the town along the outskirts.

4. STANFORD (V.M.B.).—Water-supply from spring; pure at source; carried to village by open turrel, and is there liable to pollution. Only half-a-dozen houses have closets attached; each householder removes night-soil at his own expense to a place appointed by the Board; the Board has impressed on the inhabitants the necessity of having a closet to each house, but in the majority of cases this has not been done. Two cases of Syphilis during the year, both treated by the District Surgeon; no Tuberculosis and no overcrowding. Butcher's shop clean and satisfactory.

CALVINIA. 1. CALVINIA (M.).—Water-supply from large number of shallow wells; nearly every erf has one; supply adequate but liable to pollution. No change in sanitary removal system. Question of slop removal at present under consideration, but nothing so far done to provide for this. Whooping Cough and Influenza each caused 15 deaths; no other infectious disease reported. There is a C.D. Hospital of 4 rooms; no other Hospital accommodation. The only use made of the Returns of Notifications of Infectious Diseases is that they are reported to the M.O.H. for the Colony weekly. No cases were notified last year. No measures to control Tuberculosis. Slaughtering places under inspection of Sanitary Inspector; the regulations under "The Public Health Amendment Act, 1897," are in force. No inspection of meat or other articles of food. The Sanitary Inspector supervises and reports any defect, in which case the Local Authority take the necessary steps; staff consists of Sanitary Inspector, 2 boys for removal of refuse and night-soil with cart, 2 mules; day cart and night cart with 2 boys for street cleaning.

2. LOERIESFONTEIN (V.M.B.).—Water-supply is poor and is not under control of Local Authority, except river-bed supply from wells 50 to 60 feet deep; is pure and not liable to pollution when well covered in, but it is inadequate. No special arrangements regarding sanitary removals. No Infectious Disease prevalent. Houses scattered. Native Location water-supply obtained from river; Location situated on the side of hill away from village; it is small and no special arrangements for night-soil required at present. Sites for rubbish have been selected. No overcrowding. The dam has been cleaned out and repaired; it is about five miles from village on Commonage; used for watering sheep; cost Board about £30. The inhabitants of the District are mostly farmers, and they are more in favour of spending money for the benefit of sheep farming.

CAPE. 1. CAPE TOWN (M.).—Report of Dr. A. J. Anderson, Health Officer. Water-supply is from springs on the North-west of Table Mountain and the catchment area on the summit. The springs are within the Municipality but the catchment area is not; the water flows through pipes to Reservoirs Nos. 1 and 2 and to the Molteno Reservoir; the water from the springs is exceptionally soft and of great purity; that from Table Mountain is discoloured by vegetable matter in solution; as far as possible each house has a galvanised iron tank for storage, the "dribble" system being in use; this consists of placing on the supply pipe a nipple with a small orifice, which can be regulated so as to deliver a certain amount of water—100, 200 or 400 gallons, as the case may be—during the 24 hours; the dangers and inconveniences of this system are known to everyone capable of forming an opinion on the subject. Water is also supplied directly through meter, and the percentage of houses so supplied is increasing; the water is stored on Table Mountain, in the Woodhead Reservoir 225,000,000 gallons, and the Hely-Hutchinson Reservoir 200,000,000 gallons; the high levels of the city are supplied from the Mocke Reservoir, on Kloof Nek, the water of which is sent from the Woodhead Reservoir; an additional Service Reservoir is being constructed near the Mocke Reservoir. Sewage matter is removed on the water carriage system by means of well constructed sewers, with an outfall into the sea at Green Point; a few houses in isolated positions are not connected with sewage sewers. Rain and surface waters are carried into Table Bay by stormwater sewers, and this system is now completed. Household refuse is removed daily, and carried by rail to reclaimed land beyond Belleville Station. There is a necessity for a small destructor for specially infectious material and unsound food, to prevent the latter being consumed after seizure. There were 1,055 notifications of Infectious Diseases during year, including 452 Tuberculosis, 69 Enteric Fever, 384 Scarlet Fever, 106 Diphtheria and Croup, 13 Small-pox, 18 Erysipelas, 12 Puerperal Fever, and 1 Leprosy. Enquiries are made as to the cause of each case notified; cases are isolated as far as possible, and the premises disinfected when the case is completed. Small-pox patients are isolated at Rentzkie's Farm. The Infectious Diseases Hospital accommodation is nominally 20 beds and 4 cots. There are no public abattoirs in Cape Town, but abattoirs are contemplated in conjunction with the other Municipalities; no slaughtering is allowed to be carried out within the Municipality. The city is divided

into inspection districts, and it is the duty of each District Inspector to regularly inspect the butchers' shops, especially on Monday mornings, as to the soundness of meat and the cleanliness of the shop; any suspicious case is kept under observation until examination by the Health Officer. House-to-house inspections have been carried out during year.

2. GREEN POINT AND SEA POINT (M.).—Report of Dr. G. A. Batchelor, Health Officer.—The water-supply is by pipes from the Cape Town supply, on the "dribble" system. Night-soil and slop-water are removed by a sewage system of pipes with an outfall into the sea near the foreshore at Sea Point and a subsidiary outfall at the Western extremity of the area. Refuse is collected from each house four days in each week. 1,775 inspections of butchers' shops, dairies, bakehouses and cow-sheds made during year. Infectious Diseases during year: Enteric Fever 14, Scarlet Fever 56, Diphtheria 11, Erysipelas 3, and Tuberculosis 27; after death or removal of a case of Tuberculosis the premises or room have been disinfected; one indigent case was removed to Old Somerset Hospital. 245 births and 61 deaths during the year—birth-rate 26.1 and death-rate 6.5 per thousand of the estimated population; there were 16 deaths of infants below one year, giving a death-rate of 66 per thousand infants. The Health Department consists of Health Officer, a Sanitary Inspector and his Assistant.

CARNARVON. CARNARVON (M.).—Most inhabitants have private wells. Public supply obtained from Municipal well, from which water is pumped into 3 large tanks which have taps affixed; no pollution possible. Night-soil, slops and refuse collected and removed by Contractor; no duplicate pails required for night-soil; Sanitary Contractor acts as Sanitary Inspector; night-soil from Location closets removed 3 times a week. Since December, 1907, a contract has been entered into for removal of all slop-water 3 times a week from each house; total cost of removal of night-soil, slops and refuse amounts to £30 monthly, which cost is met from the general revenue. No outbreak of Infectious Disease. Tuberculosis is on the increase among the Coloured inhabitants. Council has a public slaughter-house on the outskirts of the village; butchers' shops well kept. Slop-water now removed from Location, in order to prevent possible pollution of water-supply.

CATHCART. CATHCART (M.).—Water-supply from springs chiefly from Farm No. 13, purchased from Mr. Bartlett by the Railway Department; the town has a right to half the supply; the Railway and Municipality have each built a reserve dam, and the latter has a small dam below; in addition, there are two distribution reservoirs for the town; water is taken from these by pipes, and is also supplied through the small dam to the Railway and town by pipes; the whole of the watercourse is fenced in; special drinking troughs erected for livestock; no source of pollution. Night-soil removed bi-weekly by contract; slop-water removed daily in the majority of cases; duplicate pails not adopted. Cases of infectious disease are isolated, and the instructions of the Medical Officer are always acted upon; no isolation accommodation; cases of Tuberculosis lately reported have been isolated, and the instructions of the doctor acted upon. Native Location water-supply is the same as that of the town, and is by pipe; night-soil removal has not been done, as no latrines were erected; tenders are now being called for the erection of latrines. Council have erected an abattoir, and butchers are compelled to kill in this building. Sanitary staff consists of Medical Officer, Sanitary Inspector, Sanitary Contractor and his staff.

CERES. PRINCE ALFRED'S HAMLET (M.).—Water-supply is derived from the Wagenboom's River to the north of the Schurffe Bergen, and is conveyed by open furrow. Night-soil and refuse buried in gardens. It is most desirable that the premises of residents should be inspected from time to time for sanitary purposes; a Sanitary Inspector has been appointed.

COLESBERG. COLESBERG (M.).—Water-supply unchanged; supply is constant and pure. Night-soil, household and kitchen slops and refuse disposed of by the Municipality. Native Location about $\frac{1}{4}$ mile from the town; is kept clean and supervised by the Municipality. No overcrowding. A few cases of Typhoid reported during the year. Public abattoirs are situated outside the town, and are clean and well kept. Cost of sanitary matters during the year, £430. Council do not think it necessary to appoint a Health Officer. General health of the town very good.

EAST LONDON. 1. EAST LONDON (M.).—Dr. R. J. Roulston, Health Officer.—Estimated population, European 13,000, Coloured and Native 10,500, total 23,500; births during the year, European 494, Coloured and Native 260; birth-rate per 1,000, European 38, Coloured and Native 24.7; still-births during the year, Euro-

pean 5, Coloured and Native 14; deaths during the year, European 156, Coloured and Native 194; death-rate per 1,000, European 12, Coloured and Native 18·4; of the 350 deaths, 62 European and 78 Coloured and Native were under 1 year, giving an infantile mortality of—European 125, and Coloured and Native 300 per 1,000 births; infantile death-rate high compared with last year; Gastro-Enteric Catarrh is responsible for almost 32 per cent. of all deaths of children under 1 year; the causes and means of prevention of this disease cannot be too forcibly impressed on mothers; most of the cases occurred between October and February, when the weather is warm and moist. It is interesting to compare the death-rate of breast-fed children—3 to 4 per cent.—against 87—bottle-fed; this shows the importance of mothers suckling their own children as the best means of preventing this disease. Tuberculosis caused 7·4 of the entire deaths from all causes, as against 7·5 in 1906. Notifications of infectious diseases during the year:—Enteric Fever, 76, with 6 imported cases; Diphtheria 13; Scarlet Fever, 15, with 1 imported case; Small-pox, 10, with 7 imported cases; Tuberculosis, 43. No change as regards subsoil drainage since last report; the subsoil drainage recommended last year should be carried out. There has been considerable improvement in the milk supply during the year; milk rooms have been erected solely for the reception and attention to milk and milk vessels; further improvements will, it is believed, take place when the new dairy regulations, which are now before Government, come into force. No change as regards water-supply. Under the General Dealers' Licences Act 105 inspections of premises have been made; in 93 of these the applications have been recommended to be granted, and in 12 not; the Council have granted 87 and refused 18; these inspections mean a great deal of extra work, but it is the best means of finding out a good many of the minor sanitary defects in the small dealers' stores and getting them properly rectified. There are 6 abattoirs; only 3 are in use, and they are very well kept; a number of the butchers prefer being away from Municipal supervision. A large quantity of measly pork and unsound or diseased foodstuffs has been condemned or destroyed during the year. During the year 93 plans have been submitted and passed. The street gutters and Buffalo culvert are regularly flushed with salt water.

2. CAMBRIDGE (M.).—Report by Dr. K. B. Alexander, Health Officer.—No proper and adequate water-supply; various schemes considered during the past year, but without any definite result up to the present; the community is dependent on rain-water collected in tanks, and in times of drought water is carried from springs, several of which exist in the district and supply a brackish water; a serious drought occurred in the winter months, practically no rain falling from May till the middle of November; many houses were without water with the exception of small quantities carried from springs, where pumps have been erected and a limited supply obtained at stated hours; analysis of water from Clifton spring was made, and showed evidence of pollution; the public were, therefore, advised to boil all spring water before use; the spring in question, known as "Edkin's," was cleansed and a pump erected; analysis of this water, however, still showed evidence of pollution. Night-soil collected weekly by pail system, and buried in trenches at a suitable site; duplicate pails not required; household refuse collected and removed weekly; sanitary removal system carried out by contractors on a three-yearly agreement, the charges being fixed by Council at 4s. per household per month; the present contract, which has been satisfactorily carried out, terminates in March; no systematic collection and removal of slop-water. No epidemic of infectious disease during the year; the following sporadic cases have been notified: Diphtheria 3, Enteric 2, Phthisis 6, Scarlet Fever 1, Erysipelas 1; the Health Officer is at once informed on receipt of notification, and it is then his duty to investigate and to instruct the Sanitary Inspector to take preventive measures: a report is submitted to the Council concerning every such case; there is a small house for treating any urgent cases of infectious disease, but it has not yet been utilised; phthisical patients are directed to disinfect and burn all sputum; they are also required to notify any contemplated change of address in order that the bedroom occupied may be thoroughly washed, disinfected and re-papered before further occupation; the same steps are taken in case of death having occurred. Native Location water-supply derived from Nahoon River at a short distance from Location, and also from spring adjoining; night-soil is removed weekly from Native latrines by Sanitary Contractor; general sanitation of Location attended to by Sanitary Inspector, who acts as Overseer. There are 3 private abattoirs in the District, all inspected every fortnight by Sanitary Inspector, who reports to Council. Dairies are inspected by Sanitary Inspector every fort-

night; there is no inspection of meat. No overcrowding brought to notice of Health Officer during the year. Sanitary staff consists of a Health Officer and Sanitary Inspector.

3. AMALINDA (V.M.B.).—Water-supply mostly surface conserved in underground tanks, and river supply which is of poor quality; a spring has been opened up on Commonage, and a good supply of pure water obtained: Board contemplate bringing this water into village, but are handicapped for want of funds. Night-soil and slop-water disposed of by residents themselves; standard pails mostly used; removals once a week; system has worked satisfactorily. One case of Phthisis reported. No Native Location. Slaughtering carried out on private premises, subject to Board's regulations; no butchers' shops in area; no inspection of meat, and no Sanitary staff.

4. MACLEANTOWN (V.M.B.).—Water-supply from a dam in river, and from springs and rainwater tanks; fairly plentiful during the year. Night-soil collected in pails and buried at appointed sites; collection about once a week; cost borne by owners; refuse burned. Two outbreaks of Small-pox among Natives. No overcrowding. Slaughtering done privately.

FORT BEAUFORT. 1. FORT BEAUFORT (M.).—Report of Dr. W. D. Miller, Health Officer.—Water-supply ample, see previous report. Night-soil is collected by private contractor once a week, or often only once in ten days or a fortnight; pails are carried through gardens with the occasional spilling of contents on the way, and after a so-called cleansing are replaced; the local authority has not yet taken up the matter of night-soil disposal and collection. No duplicate pails used; the present system is far from ideal. Slop-water is emptied in gardens and refuse is removed by private contractor or otherwise disposed of by householders. Measles and Whooping Cough were very prevalent during year. There are two isolation huts; so far as the Health Officer is aware no use is made of information obtained through the notification of infectious disease. No steps have been taken regarding Tuberculosis. There are 5 Native Locations within the area; the water-supply is from the Kat River and smaller streams and fountains; no arrangements regarding night-soil and refuse. Slaughtering is done in open places outside town. Occasional inspections of dairies and butchers' shops are made by Health Officer and Sanitary Inspector. No new works during year. The Sanitary staff comprises Health Officer and Sanitary Inspector; the duties of the Health Officer are largely advisory, but the inspections of butcheries, bakeries and dairies are undertaken by him.

FRASERBURG. 1. FRASERBURG (M.).—Report by Dr. P. J. Mader, Health Officer.—Drinking water-supply from two bore-holes 70 feet and 200 feet deep respectively; each provided with a wind pump; some water is pumped into iron 400-gallon tank, which is, however, too small to hold a sufficient daily supply; remainder runs into town furrow, thence down Main Street for irrigation purposes: drinking water is drawn from the tank or direct from the pumps, and conveyed in water casks or buckets; it is pure at source; supply varies according to the amount of rainwater collected in the dam situated immediately above the bore-holes; source belongs to and is under control of local authority and within Municipal area; the D.R. Church some years ago voted £75 for strengthening and enlarging dam, which allows them a certain right over the water; supply adequate for domestic purposes, but during dry seasons is not sufficient for irrigation; it is liable to pollution in the furrow, and some of the inhabitants are not over careful in using this water for drinking purposes, which renders them liable to infection. Night-soil is removed whenever notice is given to the Sanitary Inspector at a charge of 1s. per month: pails of standard pattern used in most, but not in all cases: duplicate pails supplied in rare instances; slop-water and refuse deposited temporarily in backyards, and subsequently removed by the Municipality outside town limits at a cost of £7 per month. Town exceptionally free from infectious disease during past year; no isolation accommodation; in a healthy town and climate such as Fraserburg enjoys there is hardly any use made of the information obtained through the notification of infectious diseases; Tuberculosis rare; several cases of Tabes Mesenterica, probably due to tuberculous milk of cows and goats, goat milk being largely used as a diet for children; no preventive measures taken. About half-a-dozen owners of unhealthy dwellings have been served with notices by the local authority to put them into habitable repair, but in only one instance up till now has such notice been observed and acted upon; there still remain several houses that are dangerous and a menace to the town. No overcrowding to knowledge of D.S. General sanitation and order of Native Location properly attended to: Location inspected weekly by Sanitary Inspector. Public abattoirs have been estab-

lished years ago; conditions under which slaughtering is carried on are satisfactory; abattoirs are outside the town limits; sheep kraals within the town have been removed. No inspection of butchers' shops, dairies or meat, milk and foodstuffs. Sanitary staff consists of Health Officer, Sanitary Inspector and 2 labourers.

2. WILLISTON (M.). Water-supply from a covered well and bore-hole, raised by a wind pump close to the reservoir; the supply is adequate, water pure and not liable to pollution, being obtained from the water house by means of taps. Householders are responsible for the removal of night-soil, slop-water and refuse from their premises, which are regularly inspected by a Sanitary Inspector. Two cases of Enteric, both imported from the country. Tuberculosis is practically unknown. No Native Location. Slaughtering is done privately by individuals on their premises; one butcher's shop. Sanitary staff consists of one Inspector, whose duty it is to daily inspect premises and order those requiring it to be cleaned and to prosecute those who disobey such notice. He also sees that night-soil and rubbish are deposited only at the appointed sites.

GLEN GREY. LADY FRERE (M.).—Dr. W. S. Park, Health Officer.—General health good; 1 case of Enteric; mild outbreak of Whooping Cough. One bakery, clean and well conducted. The 2 butcheries have much improved owing to the fact that the slaughter-house outside the town was at last established. Night-soil arrangements have also been completed, and all the old pits on the various erven closed up. Water-supply for household purposes very good on account of numerous bore-holes; 2 of them on Municipal property, and about 14 on private erven.

GORDONIA. UPINGTON (M.).—Water-supply from Orange River outside Municipal area; conveyed by open furrow to the Upington Water Works Co.'s premises, and upon this Company the town is dependent for its water-supply; the water furrow being immediately below the township on the lower level, it is very liable to pollution: irrigated lands above the township are increasing yearly, and consequently the water is diminishing. Night-soil removed bi-weekly and house refuse daily by contractor. Slop-water is disposed of by householders. Infectious diseases have been practically absent. No system of meat inspection.

GRAAFF-REINET. GRAAFF-REINET (M.).—Report of Dr. J. M. Keegan, Health Officer.—Water-supply practically unchanged. The attempt made by the Council to increase the supply by building weirs across the river has so far not been successful: the weirs, however, increase the furrow supply during flood time; no effort has yet been made to institute a supply for drinking or domestic purposes; the drinking water is still obtained from rainwater tanks or from the furrow; the total quantity of water brought into the town has steadily diminished for the past ten years, and there is not nearly enough in summer; several erf-holders have sunk wells, but the water is slightly hard and brackish. There is no organised system for the removal of slop-water: refuse is removed by Municipal cart; in the comparatively few instances where the pail system has been instituted the night-soil is removed by owner and used as a fertiliser for the garden; otherwise by contractor, who charges 6d. per removal. Epidemics of Measles and Influenza occurred during the year. There were 3 cases of Diphtheria, and 10 of Enteric. When a case of Enteric is reported, the Health Officer visits and gives instructions; Enteric cases are received in the Midland Hospital. Diphtheria and Syphilis cases are admitted to the isolation wards of the hospital, about 80 yards from the main building. No special measures taken regarding Tuberculosis; very few cases reported; there is an open-air ward at the Midland Hospital for such cases. Hire rooms and huts are kept under observation by the Sanitary Inspector, and overcrowding dealt with; very few cases of overcrowding detected during year; a considerable number of huts are at present vacant in the Location; the Location water-supply is obtained from a well near the lower end with a windmill, and is stored in an iron tank; water is also obtained from the furrows in town; the well water is of poor quality; no cesspits in the Location. The Municipal hire-rooms have pails for every four houses. There is also a public latrine containing 8 pails; night-soil from these is removed by the Municipality; the number of pails is very inadequate; the Location is tidy and well kept; the mortality from specific infectious disease is not great, but infantile mortality is high. Public abattoirs have long been established; they are situated about a mile from the town on the other side of the river; the water-supply is obtained from a well: they are frequently inspected and regularly cleansed and kept in good order. It would be an improvement to raise the water to a sufficient head and flush out the slaughter chambers with a hose. The butcheries and bakeries are regularly inspected by the Health Officer and Sanitary Inspector; all are well kept; meat was condemned on only

two occasions during past year. No public dairies; in some cases there is very little doubt that milk is sold in a very unsatisfactory condition although so far no outbreak of infectious disease can be traced to the milk supply. No new definite steps have been taken during year for the improvement of the sanitary conditions of the town. The sanitary staff consists of a Health Officer, a 1st and 2nd Sanitary Inspector, and a street keeper. There were 129 European births and 12 deaths under a year, so that the infantile mortality was 93·01; the general European mortality during the year was 12 per thousand, and the Native mortality 24·3 per thousand.

HANOVER. 1. HANOVER (M.).—Water-supply from springs a mile from town; steel pipes to the town, with standpipes at intervals; source under control of local authority; overflow from pipes led by open furrow and used for irrigation; supply adequate and pure. Night-soil removed weekly in pails with lids. Contractor supplied with disinfectants which have to be used in each pail before it is returned to the closet. System costs £15 per month, which is met by special rate of 2s. 6d. per pail per month. Slop-water disposed of by householders; refuse removed weekly at the cost of £5 per month, paid out of the current rates. Duplicate pails are not insisted upon as yet. Most of the cases of infectious disease have been imported from farms in adjoining districts; as cases treated at "home" there was no necessity for intervention by Council except to see that excreta are properly removed and disinfected. Council have prosecuted Natives for overcrowding and keeping dwellings in an insanitary condition. Slaughtering done in a place specially set apart for the purpose. Sanitary Inspector inspects butchers' shops periodically.

2. BURGerville (V.M.B.).—Water-supply from a spring under control of V.M. Board and within its area; water conveyed partly by pipes and partly in open furrows; supply is adequate, though the spring is uncovered and may be liable to pollution, but it is under the immediate surveillance of the Board. Single pail system in use for night-soil; each occupier required to have his bucket removed, emptied, and cleansed at least once a week, paying the contractor 1s. per removal; Sanitary Inspector makes thorough weekly inspections, and must report to the Board any contravention of the Sanitary Regulations. A few cases of Scarlet Fever and Chicken-pox. No Tuberculosis known to exist. No special regulations regarding water-supply to Native Location; Location is at a distance from the village. Inhabitants usually slaughter their own stock on their own premises; the Board is, however, trying to stop this practice, and it has under consideration the erection of proper public abattoirs. No butchers' shops or dairies in use. General health of community satisfactory.

HAY. NIEKERK'S HOPE (V.M.B.).—Water for domestic purposes mostly obtained from wells; supply pure and fresh; irrigation supply from dams and furrows, liable to pollution from stock at certain points; above this it is pure, and sometimes used for domestic purposes. Owners personally responsible for removing night-soil and refuse; Board not in a position to take proper steps in this matter and to appoint a Sanitary Inspector. A few cases of Measles and Whooping Cough during year; no other infectious diseases. No hospital accommodation. Tuberculosis practically unknown. Native Location under control of Board; proper regulations have been framed. Slaughtering is carried on under control of Board. An embankment has been raised to divert flood waters.

HOPE TOWN. 1. HOPE TOWN (M.).—The water-supply is piped from the source of origin to a dam; drinking water is taken from the pipes; the remainder runs to a reservoir for irrigation. Night-soil is removed on the bucket system, which answers very well. The Government C.D. Hospital is small and very badly built, and as there has been no contagious disease the hospital is now used by the Sanitary man. No overcrowding, and no unfit dwellings noticed.

2. STRYDENBURG (V.M.B.).—Water-supply derived from private sources; there are also a few public wells; the water is somewhat brackish, but otherwise pure, though liable to pollution; rainwater used by a considerable number of inhabitants. Night-soil and refuse removed by contract. No infectious disease has prevailed; there have been a few outbreaks of Typhoid. No isolation hospital accommodation. Abattoirs have been established outside town. No system of meat inspection. Every necessary action is taken by local authorities to remedy sanitary defects. No new buildings during year.

HUMANSDORP. 1. HUMANSDORP (M.).—Water-supply unchanged. Pail system in use for night-soil; weekly removals. Slops thrown over gardens; refuse removed by householders to depositing site on commonage. No cases of Typhoid reported. No cases of overcrowding reported, except two, which were summarily

dealt with. Water-supply to Location is conveyed through open furrow. Pipes are in contemplation when finances permit. General health and sanitation satisfactory.

2. HANKEY (M.).—No alteration as regards water-supply. Household refuse removed by cart once a week. Slaughtering only allowed at one place on the Commonage. Two deaths from Tuberculosis; 1 case of Leprosy removed to Robben Island.

JANSENVILLE. JANSENVILLE (M.).—Report of Dr. P. J. Henderson, Health Officer.—General health excellent. The Town Council are very progressive, and are doing everything that the finances will allow to bring the village up to date. A large engine-house has been built over the oil engine which works the village water-supply. Three street lamps at prominent parts have been put up. The Mayor called two meetings of ratepayers to consider the question of the Council controlling the erection of new buildings; at the final meeting there was no doubt as to the feeling of the townspeople and some of the farmers, who put up “Nachtmaal Kamers,” and that steps in this direction were doomed to failure; building is going on apace; public latrines, especially for use during “Nachtmaal,” are under consideration, and will be erected as soon as funds will allow. A question that is bound to crop up is the proximity of the village of Vergenoegd, which abuts on to Jansenville, and has now a good number of houses; complaints have been made about smells, etc., coming from this direction; the general health of Vergenoegd and Jansenville is good; no danger at present from want of sanitary control in Veregenoegd, but the question will arise some day.

KIMBERLEY. 1. KIMBERLEY (M.).—Source and system of distribution of water-supply unchanged; in early part of year water was turbid, and was declared unfit for drinking purposes by Government Analyst; additional filter beds were laid down, and on their completion a marked improvement was noticeable; supply now satisfactory. Sanitary removal system unchanged. Systematic inspections made of premises where overcrowding is suspected; proceedings instituted in 362 cases. Water-supply of Native Location derived from deep wells, and is of good quality. Sanitary accommodation of Location consists of latrines with granolithic floor on which excrement falls; solid excreta removed daily and buried in dry state; urine flows off the granolithic surface into a channel covered with sawdust; and the latter when saturated is removed in bags. Latrines are free from smell, require little attention, and are eminently suited for a Native population. Location is exceedingly clean, and good order prevails. Question of establishing public abattoirs has been considered, but owing to existence of a number of private slaughter-houses, which are in good condition and in conformity with Council's Regulations, the matter has been held over *sine die*. Butchers' shops, cowsheds, dairies, milk shops and food stores systematically inspected; large quantities of unsound meat and other foods have been seized and proceedings taken against the vendors. Bye-laws dealing with Kafir eating-houses, expectoration in public places and hairdressers' saloons are being adopted by Council, and a marked improvement in these matters has been noticeable. During the year Council have been dealing very extensively with dwellings unfit for human habitation; some have been demolished, others rebuilt, and a number closed. Sanitary staff consists of 1 Sanitary Inspector, 1 Assistant Sanitary Inspector, 1 Sergeant, 7 Constables, and 1 Clerk.

2. WARRENTON (V.M.B.).—Water-supply from the Vaal River conveyed to village by open furrow; the supply is adequate and pure; some householders have wells for drinking purposes. Night-soil is collected by contract twice weekly; standard pails not required. No isolation hospital, as infectious diseases, excepting Syphilis, are all but unknown. The Native Location is some distance from the town; the regulations require 500 feet around each hut to be kept clean by owner; no special regulations for night-soil in Location; the water-supply is derived from the village supply. Slaughtering is done at slaughter poles outside village.

KING WILLIAM'S TOWN. 1. KING WILLIAM'S TOWN (M.).—Report of Dr. H. M. Chute, Health Officer. Water-supply excellent; derived from head waters of the Buffalo River, 16 miles distant. The New Pirie Water Scheme is progressing satisfactorily; the water has been led into the old pipe line connected with the old reservoirs, thus giving an increased supply. Dam is in process of construction; when complete there will be an additional head of 200 feet: the water will be delivered into the new reservoir, connected with the Polarite filters, and will supply all the higher levels of the town. Pail system in use for night-soil; carried out departmentally. Plantation of trees at depositing site is now several acres in extent, and yearly becoming a more valuable asset. Slops poured into the street

gutters or scattered over gardens or in back yards; this is the chief cause of the soil pollution around dwellings, which the Health Officer believes to be mainly responsible for the Enteric Fever cases which crop up every year; system of emptying these fluids into the street gutters is less dangerous as the gutters are impervious, but it is not free from nuisance and risk; a slop removal system should be instituted. Town remarkably free from infectious diseases generally. Enteric Fever cases fewer than in 1905 and 1906, numbers for the year being 25 European and 8 Coloured. An outbreak of Plague occurred consisting of 12 cases, of which 4 were in Europeans; outbreak was under control of special staff from Public Health Department. Small-pox has been prevalent in the District; arrangements have been made with Government that a portion of the "plague camp" may be used as Small-pox Hospital. Mortality among Natives from Tuberculosis is very high, having been 18 per cent. during 1907. The public abattoirs work satisfactorily. The septic tanks have not proved a success; ultimately the drainage will have to be conveyed by pipes to the river. The only new works in hand are the Pirie Water Scheme and the installation of Polarite filters.

2. BERLIN (V.M.B.).—Water-supply from spring in village; pure and not liable to pollution, but inadequate; inhabitants resort to underground and iron tanks. No scavenging system; householders attend to their own night-soil, etc. No infectious diseases during the year except some cases of Measles. A place for depositing night-soil and rubbish has been appointed by the Board.

3. KEISKAMA HOEK (V.M.B.).—Water-supply good. System of night-soil removal to be introduced shortly. Three cases Enteric reported during the year. No abattoirs in existence. No Health Officer employed.

KOMGHA. KOMGHA (M.).—Water-supply derived from rain water in iron or underground tanks, and partly from a perennial spring north of the village, protected by a wire fence; this water is removed in "vaatjes" by those requiring it. No public service for collection or removal of night-soil. Stercus disposed of in privies; slop-water in privies or over gardens. Household rubbish removed by Municipality. Whooping Cough has been prevalent, but otherwise the village has been almost free from infectious disease; the whole population of the village was vaccinated owing to the prevalence of Small-pox in the District. A small, two-roomed building of wood and iron is available for Small-pox patients. Tuberculosis not prevalent. Borough Ranger supervises Location in a general way; its water-supply is derived from spring on the east of the Location; the calls of nature are obeyed in the neighbouring bush; rubbish is dumped on a site for the purpose. Slaughtering done on the Commonage; the establishment of a suitable abattoir is necessary, present conditions being far from satisfactory. Butchers' shops and dairies are inspected occasionally. No unsound meat discovered.

LADISMITH. 1. LADISMITH (M.).—Water-supply from Klein Zwartberg, pure and abundant; source is on Crown Land under control of Local Authority; water is brought from the mountain in open furrow to a reservoir above the village, from which it is distributed by pipes; it is only liable to pollution while flowing down the open furrow. Night-soil removal is done twice a week on the duplicate pail system by contract; pails are of standard pattern; no slop-water removal system; household and other refuse removed by Contractor once a week; sanitary fees paid by householders. There were many cases of Enteric Fever during the early part of 1907, but few during the winter and the latter part of the year; these have been carefully attended to; no isolation accommodation; Tuberculosis is almost confined to the Coloured races, no steps being taken by Council in regard thereto. No overcrowding in the village, but some huts in the Location are overcrowded; this is very difficult to remedy. Location is supplied with water from a tap close by; no night-soil removal system in the Location; there is a danger that if pail closets are erected its sanitary condition will be worse than at the present time. No public abattoirs have been put up, but the building of one for the whole village is contemplated; slaughtering is done at places pointed out for the purpose, and a piped water-supply is laid on. No inspection of butchers' shops; no dairies in the village; most of the people have their own cows. Washing above the village has been entirely stopped, and is now done at taps laid on for the purpose on a slope to the East of the Village. No Sanitary Staff or Health Officer.

2. VAN WYK'S DORP (V.M.B.).—Water-supply from spring in the mountain outside the Board's area, conveyed by open furrow; supply adequate and pure, but liable to pollution. Night-soil, slops and refuse disposed of by householders. In the beginning of 1907 Typhoid Fever prevailed, and caused between 20 and 30 deaths. Jeyes' Fluid was distributed and the furrow cleaned. Notices were issued

by the Board to all householders to erect proper closets and to collect and cart away rubbish.

LAINGSBURG. LAINGSBURG (M.).—Water-supply from surface wells in the river bed pumped by oil engine into open furrow; the latter was very little used during year. Night-soil removed by contract; household refuse removed by Municipal cart; slop-water is disposed of by householders. Notifications during year: Tuberculosis 11, Scarlatina 8, Diphtheria 1; no Enteric since June, 1906. Overcrowding has considerably decreased since the railway works have been removed. Slaughtering is done outside village. The new work carried out during year has been the erection of an oil-engine with a centrifugal pump.

MAFEKING. MAFEKING (M.).—Railway Camp, containing 420 persons, is supplied with water by Railway scheme from wells 40 feet deep about $1\frac{1}{2}$ miles North of Camp; water raised by steam power and distributed in mains; town supplied from 3 sources: (1) the old Company supplying half the town consumers; (2) the Municipal scheme supplying about half the consumers; (3) a small number of consumers supplied by a private individual. Company supply unchanged since 1906, except that consumers are less. Municipal scheme was completed in August, 1907, at a cost of £3,979 8s. 5d., since which time about 53 consumers have been supplied with an average of over 20,000 gallons per diem. The private supply is from surplus water from swimming baths, Council having right to cancel this arrangement at any time. Night-soil removed by Contractor every two days; slop-water and refuse similarly dealt with; duplicate pails used. 33 notifications during the year, comprising Enteric 7, Measles 3, Diphtheria 1, Scarlet Fever 22. Municipal Lazaretto at present used by European caretaker on understanding in the event of building being required he will immediately vacate it. No special measures taken regarding Tuberculosis. It is suggested that cardboards with printed precautions should be supplied by Medical Officer of Health for the Colony to the Municipality; one of these cardboards should be hung in every house where infected person resides. The Native Location on South side of Molopo obtains water from wells on the banks of that river. No public abattoir exists. There are three wood-and-iron slaughter-houses with cement floors. Council have been debarred from erecting abattoirs by lack of funds. Butchers' shops and so forth regularly inspected. Unwholesome meats have been destroyed with consent of owners. The Baralong Stadt, one mile from town proper, contains about 3,000 Natives, so that health of the town may at any time be affected by the condition of the Stadt, which is altogether free from European control, and in many ways it is felt from time to time that too little is known of what transpires in the Stadt, consequently contingencies from this source cannot be anticipated.

MALMESBURY. 1. MALMESBURY (M.).—Report of Dr. V. M. T. Werdmuller, Health Officer.—The main water-supply is from surface and artesian wells and rain-water tanks; tank water is collected from the roofs, and is chiefly used for domestic purposes: the well supply is stored in cement and galvanised iron tanks, and distributed by pipes; it is pure as regards the artesian wells, but liable to pollution in the case of surface wells and tanks. Night-soil removed weekly; slop-water disposed of by householders; refuse removed weekly by Municipality. It is very unsightly to see old tins and rubbish deposited at the outskirts of the Municipality; some other arrangement should be made for the disposal of such materials; 5s. per bucket per month is charged for night-soil removals; duplicate pails of standard pattern are supplied for every closet, and are disinfected with Jeyes' Fluid. Only 14 cases of Infectious Disease were notified during year, as compared with 42 during preceding year; these included Typhoid 9, Phthisis 2, Puerperal Fever 2, and Diphtheria 1. Small-pox patients are quarantined or removed to the Lazaretto—a two-roomed iron building, accommodating 6 patients per room; cases of Syphilis are removed to the Lock Hospital; for cases requiring it separate sanitary pails are supplied and emptied and disinfected daily. No special measures have been taken as yet to prevent the spread of Tuberculosis, except in a general way by preventing overcrowding and enforcing cleanliness. No Location exists, the Coloured population living amongst the Europeans; this is not desirable from a sanitary point of view, as the Coloured people are generally carriers of infectious disease, on account of their uncleanly habits; in this respect the District Surgeon states that they are run close, if not outdistanced, by the Russian Jews, of whom there are a goodly number. No public abattoirs, but slaughtering is done outside the inhabited area. No inspection of butchers' shops or dairies except on complaint. Wells are regularly cleaned out and filth and noxious materials removed from the furrows, which are kept clean and flushed with Jeyes' Fluid when necessary. All detected cases of overcrowding are prosecuted and fined. Deaths during the year 62, including 14 Europeans; births 147, including 57 Europeans.

2. DARLING (V.M.B.).—Water-supply from springs outside Board's area, distributed by open furrow: supply adequate but liable to pollution. Night-soil removed by cart and buried. Fines have been imposed for the pollution of the water-supply and the accumulation of filth and noxious matters.

3. HOPEFIELD (V.M.B.).—Water-supply unchanged; the water is collected in springs, stored in tanks and distributed by pipes. The supply is adequate and pure and not liable to pollution. Night-soil is removed by Contractor to a site outside village, where the buckets are also washed. Slop-water is allowed to evaporate in the yards, the village being a straggling one and the yards in most cases spacious. Night-soil pails of standard pattern are used; they are taken out of village and washed, emptied and returned the same night, the cost of duplicate pails being excessive; the revenue from the system at 1s. per pail per removal was £183 17s. during the financial year, and the expenditure £170. No Isolation Hospital accommodation, but a proper system of isolation is insisted upon. There has been little or no overcrowding; no measures have as yet been taken to combat the spread of Tuberculosis. Slaughtering is done outside the village. The Secretary to the Board and the Police are ever on the alert regarding unsound meat and food, and additional Regulations have recently been promulgated dealing with these matters. The sanitary defects are few and do not affect the public health. A new storage tank has been put up during year. The Secretary discharges the duties of Sanitary Inspector.

4. MOORREESBURG (V.M.B.).—Water-supply from wells within Board's area; not distributed but fetched by inhabitants; the supply is adequate. Night-soil and refuse removed by contract once a week; householders pay 3s. 3d. per closet per month, of which the Contractor receives 2s.; pails of standard pattern are used. One case of Amaas occurred. Small Lazaretto has been built outside the Board's area. 12 cases of Tuberculosis have been reported; nothing has been done yet by Board in such cases, as they are considered to be rare. Overcrowding Regulations enforced. No Native Location. Sanitary Inspector employed. Sanitary Contractor sees to the tarring and disinfection of pails under the inspection of two members of Board.

MIDDELBURG. MIDDELBURG (M.).—Water-supply from a public well on the Market Square, from private wells, and from rainwater tanks; the river water is derived from springs in the river; the latter runs through the town in open furrows, and is used for irrigation and for household purposes; the supply is adequate but liable to pollution. Night-soil is removed on the duplicate pail system once a week and more frequently where necessary. Slop-water is removed daily, household and other refuse weekly; the three services are performed by the Municipality. Notifications: Enteric Fever 9, Tuberculosis 6, Chicken-pox 2, Diphtheria 1. The Sanitary Inspector visits infected houses and sees to the disinfection of excreta and the disinfection of premises and reports to the Council. Isolation Hospital outside the town used only for the isolation of Coloured cases. The Location has a good supply of water from an adjacent well. Night-soil is removed three times a week on the duplicate pail system; household and other refuse weekly. No abattoirs have yet been established, but the matter is under consideration; slaughtering is now done in buildings outside the town; all have cement floors. Some additional Regulations dealing with butcheries, unsound and unwholesome meat have been drafted, and will shortly be put before a meeting of householders for approval, and if adopted will be submitted to the Governor. The Municipality has decided to make a public well to the North of the town, the inhabitants there at present obtaining a supply from the open furrow. The Health Staff consists of a Sanitary Inspector, Street Keeper and Location Inspector.

MOLTENO. MOLTENO (M.).—Report of Dr. Paul van Coller, Health Officer. —Water-supply derived from dam or open reservoir collecting rain-water: water liable to pollution and unfit for human consumption; dam is fenced in and water brought to town by iron pipes. Supply also obtained from borehole on the Commonage; wholesome deep well water; stored in reservoir, which is not roofed, so that dust and locusts are apt to get into the water; this supply distributed through same pipes as that which conveys the dam water; rain-water also used, collected in tanks. Bucket system in force for night-soil; removals twice weekly on duplicate system. Slop-water removed daily; household refuse once a week. Eleven notifications during year, comprising Typhoid 7, Scarlet Fever 3, and Diphtheria 1. Sanitation of Location good; water-supply same as that of the town. Two butchers' shops in the town, which have always been found clean; Health Officer periodically visits butchers' shops and dairies; meat and foodstuffs inspected every week. Defects in sanitation are remedied as soon as discovered. Sanitary pits have been

altered in accordance with suggestion of A.M.O.H. for the Colony, and made of such a size that each can be covered in with soil after each deposit. Council intend to plant trees on the site.

MONTAGU. MONTAGU (M.).—Water-supply adequate and obtained from permanent springs within the Municipal area; it is conveyed by cast-iron pipes for $2\frac{1}{2}$ miles and distributed by galvanised iron pipes; the supply is pure; the catchment area is high up in the mountains, and is specially preserved by the Council. Night-soil is removed weekly by contract, and more frequently when necessary; the pails are washed and disinfected after removals. Night-soil is buried in earth trenches near the Knigna River, which passes southward of the village; refuse and slop-water are disposed of by householders. Notifications of Infectious Diseases during year: Enteric Fever 13, Scarlet Fever 4, Diphtheria 1, Phthisis 2. All houses were promptly placed in quarantine; Isolation Hospital consists of a large hall with kitchen and fireplace. Locations have improved; all badly constructed huts removed and more substantial ones built; water-supply from town main. Overcrowding seldom occurs, and where discovered is remedied. The water-supply has been extended to an additional area. Night-soil removals have been increased from fortnightly to weekly during the year.

MURRAYSBURG. MURRAYSBURG (M.).—Water-supply from springs in the Buffels River, situate on the adjoining farm of Vleiplaats; it is brought to town by an open furrow about $1\frac{1}{2}$ miles long; it is liable to pollution, is mostly used for irrigation, and fails totally during drought; there are also wells, both public and private, and rain-water tanks. Rainwater is exclusively used for consumption. Cesspools are principally in vogue; these also provide a means for the disposal of slop-water. Household and other refuse is removed by a Municipal Contractor. No severe epidemic for some years past, and the Council's Hospital has not been required. Regulations regarding overcrowding and unhealthy occupation of premises are strictly enforced. Slaughtering on a very small scale is carried out on the Commonage some distance from the town; no system of meat inspection. The Sanitary Staff consists of a Sanitary Inspector.

OUTDSHOORN. 1. OUTDSHOORN (M.).—Report by Dr. R. M. Truter, Health Officer.—Water-supply unchanged; direct, constant, sufficient and pure. Night-soil is collected weekly and more frequently when necessary; slop-water and refuse removed daily; sanitary services carried out departmentally, the cost being met by a charge per removal of night-soil, the balance being made up out of general revenue; duplicate pails of standard pattern are used. Fifty-nine notifications of Infectious Disease, including Typhoid 8, Diphtheria 6, Puerperal Fever 2, Phthisis 2, and Erysipelas 3. On receipt of notification the Sanitary Inspector inspects, gives instructions regarding precautions, and provides special pails where required free of charge and disinfects later; the School Authorities are notified when necessary; the same course is followed in connection with cases of Tuberculosis and in any other infectious disease. No Isolation Hospital, but an emergency equipment for Small-pox is kept. Unhealthy dwellings and overcrowding are systematically dealt with as far as possible. No Native Location. Slaughtering at present done at a site on the Commonage; public abattoirs are contemplated when funds permit; butchers' shops, dairies, etc., are inspected regularly; 105 lbs. of meat and 300 tins of sausages were destroyed during year; proceedings were taken and convictions obtained in some instances; 616 notices served and 123 letters written regarding nuisances during year; overcrowding found in six cases and remedied; 35 houses closed as unfit for human habitation, 15 of which were put in proper order and 8 demolished. Two High Schools with boarding establishments recently erected, and are replete with sanitary appliances. Deaths during year: Enteric, 2 Europeans, 1 Coloured; Phthisis, 6 Europeans, 31 Coloured. The Sanitary Staff consists of Health Officer, part-time, Chief Sanitary Inspector and Assistant.

2. CALITZDORP (V.M.B.).—Dr. Lawrence D. McDowell, Health Officer.—A.M.O.H. for the Colony visited Calitzdorp in August and strongly advised Board to enlarge village area, so as to have complete control over water-supply and to frame regulations to prevent the pollution of Nel's and Smit's Rivers. The Board fully appreciate soundness of advice but are hampered by lack of funds, but difficulty may shortly be overcome. Pail system is not yet in force, owing to scarcity of funds. Nothing has been done about kraals inside the Board's area, and the danger of pig manure and excreta running into the drinking furrows after rain still exists. Animals still roam about the streets, especially at nights. The drinking furrow is to be bridged over in places. A few cases of Enteric occurred at Groenfontein along Nel's River, and in a short time 4 or 5 cases broke out in the farm Buffels Vlei, due directly to pollution of the water above.

3. DE RUST (V.M.B.).—Report of Dr. P. H. du Plessis.—The water-supply is from a small river on the outskirts of village, conveyed by open water furrow; the supply is adequate up to present; invariably after heavy rains the furrow is broken before it reaches village, and so cuts off supply for a couple of days; there is a continual liability to pollution, as the furrow for over a mile crosses a farmstead situated just above the village, and the refuse is washed into the furrow; animals, including pigs, have free access to the farm and river supply, rendering it unfit for consumption. Night-soil is disposed of at the cost of householders, of whom there are about 130; it is supposed to be carried away once a week to a place appointed outside the village, where sometimes it is buried, but it seems, from inspection, that the pails are emptied when the carrier tires of it on nearing the appointed spot. The depositing site is wrongly situated, as heavy rain collects the night-soil and brings it back through the village, polluting the water-course; about 12 householders have pail closets, the rest having pits; this is a matter calling for alteration. Slop-water as often as not is emptied in yards. There has been no outbreak of Infectious Disease, but a very heavy death-rate is to be feared should Typhoid Fever break out; no preventive measures are taken; notification is made to the authorities at Oudtshoorn, but no notice appears to be taken by them. No Tuberculosis. Much has been done to prevent overcrowding. The Location water-supply is very indefinite, the water being carried in buckets from where it is available. Slaughtering is done at appointed spots, unfortunately also above the water-courses; private slaughtering is done in back-yards. Since the grant of a Village Management Board in 1906 much has been done to improve matters, but much more is needed. The pollution of the water-supply can be partly remedied by approaching the upper proprietor with the object of laying pipes across the farm, the expense of which could be borne by a small rate. Closer inspection will remedy overcrowding. A Commission might be appointed to thoroughly investigate the very unsatisfactory conditions existing and to frame regulations. No Sanitary Staff, except one policeman.

PAARL. 1. PAARL (M.).—Report of Dr. J. O. Heyns, Health Officer. Water-supply good and abundant; it is stored in two reservoirs within the Municipal area and distributed by pipes; supply pure and not liable to pollution; one reservoir has been renovated and a concrete bottom inserted. A contract was made for the removal of night-soil and refuse, but has been stopped for the present. There were seven cases of Amaas, 14 of Enteric Fever, 5 of Scarlet Fever, and 10 of Diphtheria during year. Tuberculosis generally occurs among Coloured people where overcrowding exists. Overcrowding is not being remedied. The drainage system has been greatly improved during past year, and the improvements are being continued. In "Oude Tuin" Van der Lingen Street has been thoroughly drained, Malherbe and Machinery Streets are now being done.

2. WELLINGTON (M.).—Water-supply derived from source in the Hawaquis Mountains; brought in pipes for 2 miles to a storage reservoir, from which it is distributed in pipes; besides the reservoir in use since 1884, with a capacity of 3,000,000 gallons, a high level reservoir with a capacity of 10,000,000 gallons has just been completed at a cost of £5,000, and it will now be possible to have the streets regularly watered. Night-soil removed weekly on pail system; household and other refuse regularly removed by carts; cost of removing refuse paid out of rates; 5d. per pail per removal for night-soil; slop removal has been taken in hand. Eight cases of Typhoid, 1 of Tuberculosis and 7 of Small-pox reported during the year; no measures taken by Local Authority at present regarding Tuberculosis. Overcrowding is receiving attention; all tenements have been measured up and a sharp look-out is being kept to prevent overcrowding. No Native Location. The erection of wash-houses and abattoirs has been postponed for the present. Meat and food inspected by the Sanitary Inspector; no prosecutions during the year.

PEDDIE. PEDDIE (M.).—Water-supply chiefly from roofs and stored in iron and underground tanks, and during times of drought water from boreholes sunk on the Commonage in 1906; windmill pumps in use at boreholes: water stored in concrete and iron tanks; water slightly brak; supply adequate. Cesspool system still carried on. Slop-water and refuse deposited at places set apart for the purpose and periodically removed to a spot beyond the limits of the town. Very little Infectious Disease during the year. Slaughtering carried out in the open at safe distance from the township. The only serious sanitary defect which was found to exist during the year was an accumulation of filth at the several rubbish deposits in the Municipality; this was remedied by the removal of the filth.

PHILIPSTOWN. PHILIPSTOWN (M.).—Domestic water-supply pumped from a strong borehole, 50 feet or 60 feet deep, a few yards from the old well; borehole has been lined so as to exclude surface water; from this hole the water is forced

into a reservoir and distributed in pipes through the town; furrow supply for irrigation. Pail system in use for night-soil; night-soil and household refuse removed by Contractor and deposited at a safe distance from the town. No case of Infectious Disease reported during the year. Slaughtering carried out under supervision of Municipal Constable. Steps are being taken to construct a proper wash-place.

PIQUETBERG. **PIQUETBERG (M.).**—Report of Dr. F. H. Dommissie, Health Officer.—Water-supply from mountain springs conveyed by pipes to two small reservoirs and thence to the various houses. At source the water is pure, but it is liable to pollution in the reservoirs; steps are, it is understood, being taken to remedy this. Supply is wholly inadequate; several householders are without water for days on end. The matter is becoming serious; steps should be taken to increase the supply which can be done with a little outlay of money. The water of the spring in the Magistracy grounds is very liable to pollution; it is quite open, giving free access to human beings, animals and poultry. Night-soil removed bi-weekly, under contract, cost about £129 per annum; pails of standard pattern used, but there are no duplicates. Slops and refuse fairly well disposed of by property-owners. Chicken-pox and a few cases of Diphtheria occurred during the year. Very few cases of Tuberculosis. Overcrowding unknown, except in one place. Nothing is being done to the Location; its water-supply is wholly inadequate, night-soil is being disposed of anyhow and anywhere. Slaughter-houses might be cleaner; they should be inspected monthly. The Market Square is not being kept in proper order. Sanitary Staff consists of a Sanitary Inspector, who also looks after water-supply.

PORT ELIZABETH. 1. **PORT ELIZABETH (M.).**—Report of Dr. Archibald Kidd, Health Officer.—Birth-rate, European 32·7, Coloured 49·4; death-rate, European, 10·9, Coloured 36·3; deaths under 5 years constituted 44 per cent. European and 62 per cent. Coloured of the total deaths; the majority of deaths under one year were due to Diarrhœa, Enteritis and allied diseases, and among the Coloured races to respiratory diseases. The infantile mortality for Europeans was 111, and Coloured 298·8, and for all races 191·7 per thousand births, which, although higher than in 1906, is appreciably lower than 1902; the present rate, however, is still very excessive. 31 European and 137 Coloured cases of Tuberculosis notified during the year; 12 cases of Scarlet Fever, including 11 in European, were notified; 11 cases of Diphtheria, including 9 Europeans; 6 cases of Puerperal Fever were also notified, 4 of which proved fatal. Enteric Fever caused 4 European and 3 Coloured deaths during the year.—Chief Sanitary Inspector's Report: Sanitary Staff consists of Health Officer, Chief Sanitary Inspector, 4 Sanitary Inspectors, a clerk, Superintendent of Butcheries, Licence Inspector, and Town Ranger; system of house-to-house inspections maintained during the year. Steady progress has been made in all branches of sanitation; 1,870 nuisances remedied during the year; 15 prosecutions at instigation of sanitary officials during the year. Municipal Abattoirs opened in August. Slaughtering at places off Cape Road, Korsten and elsewhere ceased on 31st July. Abattoir consists of 14 slaughter-houses, built in two rows of 7 each, and two pig slaughter-houses, with store-house for hides and skins, the premises draining into the sea direct. From August to December 1,024 lbs. beef, 236 lbs. mutton, and 4,013 lbs. pork were destroyed as unfit for human consumption. Morning market inspected daily, and all unwholesome and unsound foodstuffs condemned. There are 39 Kafir eating-houses, each inspected weekly; also 28 cafés and 11 makers of ginger-beer and hop-beer, latter visited monthly. 21 bakehouses, each visited at least once a month. 48 butchers' licences granted during the year; also 35 licences under the Dairy Act. Overcrowding only exists in one or two well-known areas; several raids made during the year; in 22 cases notices were served. System of collection and temporary storage of household refuse unsatisfactory; little improvement can be looked for until the "ticket" system is abolished. Remarks regarding night-soil and slop-water removals in previous reports still apply. 182 applications for General Dealers' licences during the year; all were enquired into and premises inspected; reports were submitted to sub-committee of Council, which granted 125 certificates and refused 57.

2. **WALMER (M.).**—Water-supply rain-water from roofs; in most cases adequate. The tub system is compulsory, and ever since its adoption has proved a great success; removals are made once a week and oftener where necessary at a charge of 6d. per pail per removal; the method of disposal is by chemical treatment, sulphuric acid, etc., being used; the product is applied to the Public Park as a fertiliser, and from a health point of view is satisfactory; duplicate pails of standard pattern are supplied free to every closet. Slop-water is generally used in watering gardens; when this is not desirable it is removed by the Municipality at

a nominal charge. Refuse is removed by a house-to-house call by the Municipal cart. Notifications during year: Enteric 3, Scarlet Fever 4, Phthisis 5; only one case of Enteric was traced to a local sanitary defect; this was due to slop-water percolating through to the underground tank; special sanitary pails with lids are provided for use in the sick-room immediately a case is reported, and they are emptied daily; disinfectants are provided free of charge, and no charge is made for the extra removals; principals of schools are informed of cases of Scarlet Fever occurring in families where children are attending school. No isolation accommodation, but in case of Small-pox or Plague the Port Elizabeth Lazaretto can be made use of. Nothing is done in connection with Tuberculosis; Coloured people chiefly attacked; they pay little attention to advice, but overcrowding regulations are enforced, and where unhealthy dwellings are in use a Citation Court is held and the dwellings condemned. The water-supply for the Native Location is the same as for the town; the Council do all the sanitary work, charging a nominal sum. Slaughtering is done at the Port Elizabeth Abattoir. The Sanitary Staff consists of a Sanitary Inspector, who also controls the sanitary removal staff.

3. KORSTEN (V.M.B.).—Water-supply from rain-water tanks and wells, and, failing these, water is obtained from the Port Elizabeth supply. All householders are required to supply pails of a standard pattern, weekly removals of night-soil are carried out at a cost of 1s. per removal; refuse is collected weekly free of charge. No Isolation Hospital. Most notifications have been of Tuberculosis. Precautions are taken to prevent spread of infectious disease, overcrowding and the occupation of unhealthy dwellings. No slaughtering done within the area; such is carried out at the Port Elizabeth Public Abattoir. Prompt action is taken by Board to remedy sanitary defects. Water boring is going on with a view to obtaining an increased water-supply. The Sanitary Staff consists of an Inspector and five men.

PRINCE ALBERT. PRINCE ALBERT (M.).—Water-supply, derived from springs arising in Great Zwartberg outside the Municipal area, is conveyed in open furrows, and is ample for domestic wants but insufficient for irrigation; during the year a supply scheme was completed, by which the water is collected after percolation through a filter bed in a tank at a depth of 17 feet below surface of the river bed, from which it is brought into village in cement and cast-iron mains, and distributed by street fountains and house connections; this supply is not liable to pollution, and is ample for drinking and washing, but not for irrigation. Night-soil removed once a week at a charge of 1s. per month; Contractor receives £11 per month. Slop-water and house refuse not dealt with by Council, but arrangements are at hand if any person wishes removal at what proves to be too great a cost; the Council have had the matter under consideration, but are precluded from action by cost and the fact that erven are large and cultivated, and in nearly all cases slop-water and refuse is spread about the garden. Duplicate pails not required for night-soil. Fifty-four cases of Enteric, 9 of Diphtheria, 5 of Chicken-pox, and 1 of Tuberculosis notified during year; all the Enteric cases occurred in early part of year before waterworks were completed; as soon as a case is reported enquiries are made and disinfectants are supplied gratis where necessary. A suitable piece of land has just been bought for a Location; up to the present the Natives are living all round the village, but the Sanitary Inspector sees that their places are kept clean. No public abattoirs established or contemplated. A Sanitary Committee has been appointed, but can do nothing for the want of funds. Health of village very much better since completion of new water scheme.

QUEENSTOWN. 1. QUEENSTOWN (M.).—Report of Dr. R. F. Tannahill, Health Officer.—Water-supply is now furnished from the Bongolo reservoir; the water is collected from the Bongolo basin, is delivered through pipes, and is fairly adequate, even now, although the works are not yet finished; it is liable to pollution from the geological formation of the Bongolo Valley and the people living in the valley. Pail system in use for night-soil; pails emptied as often as they are filled; householder pays the Sanitary Contractor. Not much Infectious Disease during the year, the principal cases notified being Enteric, Tuberculosis, Diphtheria and Small-pox; no treatment has been attempted of Tuberculosis; there are a number of beds available in the Frontier Hospital, and the Hospital Committee might be induced to take cases in if money were provided for the purpose. Same water-supply for Location as for town, and there are well-constructed closets with pails. Frequent inspections of meat and food made by Sanitary Inspector and Health Officer; Measles in pork (Trichinosis) was detected in several instances during the year. In the Location poor habitations are destroyed and strict precautions adopted in each case of Infectious Disease. The only new works are those of the Bongolo Reservoir, now in process of construction.

2. WHITTLESEA (V.M.B.).—Water-supply and sanitary circumstances unchanged. One case of Infectious Disease reported during year. No inspection of meat is made. There is no pollution of water.

RICHMOND. RICHMOND (M.).—Water-supply from two properly covered up springs in the Orange River, with pipes from which the buckets are filled; all water for domestic purposes is carried from these springs. Irrigation supply is from a dam in river bed. The Council intends building a large dam to the North-west of the town, which will greatly improve the water-supply for the Western part of the town. The pail system is in use for night-soil, and removals are weekly; slops are disposed of by householders and refuse is removed weekly. The Location water-supply is from the lower spring in the Ongers River. Three private slaughter-houses—one 200 yards from the nearest dwelling, one 80 yards, and the other in the back-yard of a dwelling; meat is carried about in open baskets.

RIVERSDALE. 1. RIVERSDALE (M.).—Water-supply from river led to reservoir in pipes, and thence distributed by pipes; source is owned by the Municipality, but is outside area; supply is constant; no contamination in transit. Night-soil removed every alternate night and deposited in pits some distance from town; slop-water and house refuse removed daily by Municipality. No cases of Infectious Disease; the Isolation Hospital accommodation is sufficient for local wants; no steps taken to combat spread of Tuberculosis. No public abattoirs; slaughtering done in public shambles, which are constantly inspected by Sanitary Inspector. Sanitary Staff consists of Sanitary Inspector.

2. ALBERTINIA (V.M.B.).—Water-supply from a spring to the south of village, under the control of the Board; supply adequate and pure; furrows are only used for irrigation; householders obtain supplies from the spring. Night-soil is collected twice weekly by a carrier employed by the Board; the service costs £3 per month and is met by a charge of 1s. 9d. per month per householder. Slops are dealt with by householders. No Infectious Disease. Water-supply for Location is obtained from a spring near by. Slaughtering done outside village. The sanitation of village is fairly good.

ROBERTSON. ROBERTSON (M.).—Water-supply unchanged except that new distributing mains have lately been laid down, more especially the mains with standard pipes to the upper part of the town; supply sufficient, but under present regulations it is unevenly distributed; Council now considering scheme for more equitable distribution. Night-soil system unchanged except that Contractor must now remove each pail at least weekly, and oftener where required, under the fixed tariff for extra removals; duplicate pails of standard pattern not insisted upon. Slop-water and refuse disposal system unchanged. Notifications during the year comprised Diphtheria 5, Enteric Fever 4, Erysipelas 3, and Tuberculosis 5. Disinfectants supplied free to the poor. Council anxious to have circulars printed and distributed with instructions to prevent spread of Tuberculosis, but is awaiting recommendations from Government Health Department. Tuberculosis is spreading, especially among the Coloured; steps are taken to prevent overcrowding and insanitary condition of dwellings. There is no Native Location. Slaughtering only allowed at certain places on the Commonage. One Sanitary Inspector employed, who also acts as general overseer, but is required to inspect all premises at least once a month. No Health Officer employed.

SIMON'S TOWN. 1. SIMON'S TOWN (M.).—Report by Dr. James Boyd, Health Officer.—Dido Valley water scheme completed; water approved of by M.O.H. for the Colony; catchment area completely enclosed; even with this addition, the water-supply—at all events in the dry season—will prove inadequate; total cost of scheme £3,325 6s. 3d.; pumping, etc., costs about £145 per annum. The Assistant M.O.H. for the Colony inspected proposed site for public abattoir lying beyond North Battery, on 14/11/07; Town Engineer at present engaged in preparing plans and specifications of the necessary buildings. Drainage of Paradise estimated to cost £1,000, and when completed will prove an additional tax on the water supply. Notifications during the year: Scarlet Fever 9, Enteric 2. Immediately on receipt of a notification Sanitary Inspector visits and, acting under direction of Health Officer, takes all necessary precautions, and at conclusion of case thoroughly disinfects; Health Officer, when it is not his own case, almost invariably consults with the notifying practitioner. Overcrowding is very much the rule. Impossible to do anything as regard Tuberculosis owing to ignorance of the people: no Tuberculosis notified, but in nearly all cases a medical man is only called in at the last moment for the sake of a death certificate. Shops supplying food periodically inspected by Sanitary Inspector; so much of his time should not be absorbed in doing office work; his

whole time should be available for outdoor inspections; this point is most important, and it should be immediately remedied. The death which recently occurred from ptomaine poisoning was in no way the fault of the butcher; the meat was sold on Tuesday, cooked and part eaten on Wednesday, kept in a safe exposed to the sun until Friday, when it was again partaken of, with the above result. The Cottage Hospital since its opening has supplied a long-felt want; the inhabitants take considerable interest in its welfare, as evidenced by their substantial subscriptions.

2. KALK BAY—MUIZENBERG (M.).—Dr. E. E. Wood, Health Officer.—Water-supply from reservoir on mountain; supply adequate and pure except for brownish discolouration due to vegetable matter. During 1907 an efficient water drainage system was instituted, and a number of houses within the Municipality have been connected up; where connection is not yet completed the old pail system is in force. Slop-water and refuse removed periodically. Very few cases of infectious disease during the year. No special measures to prevent the spread of Tuberculosis; each case reported is isolated as far as practicable and disinfectants freely used. No Native Location; only 9 Native huts at Lakeside; water-supply from gravitation scheme; night-soil disposed of in pits; Native huts inspected fortnightly, and are in excellent order. No public abattoir; slaughter-house situated about 3 miles from Muizenberg; sheep only are killed, averaging 25 weekly; water-supply adequate and conditions of premises fairly good. Dairies, butchers' shops, etc., inspected weekly; those outside the town monthly. Meat seized and condemned in two instances. Notices served on all householders having rain-water tanks that these should be thoroughly cleaned. Some 80 houses are now connected with the main drains. Main road from Lakeside to Fish Hoek now lighted by electricity. Sanitary staff consists of part-time Health Officer and Sanitary Inspector.

STELLENBOSCH. 1. STELLENBOSCH (M.).—Water-supply by new scheme carried out under Act 20 of 1904; in-take weir some 9 miles out of town and outside Municipal area, but the Act mentioned gives Board all necessary powers to preserve purity of supply; catchment area is far up in Jonker's Hoek, and never likely to be liable to contamination from human habitations; water is pure and ample; is brought down in 9-inch pipes, with sufficient pressure to reach the highest floor of any building in town; in-take is not yet completed, but during the last six months the town has been supplied from this new source. Night-soil removed on duplicate bucket system, with weekly removals by contractor at 1s. 6d. per month, and more frequently where necessary; buckets are of regulation size and shape. The contract is for £835, but with extras the cost amounts to over £1,000 per annum. Slop-water drains from kitchens and yards into the street gutters. Council has steadily pushed the construction of side drains to streets in hard brick and cement, and granite for Dorp Street, and the whole work is nearly completed; drains are well flushed. Refuse removed daily from dwellings and burnt or used as manure; contract is for £220, with about £50 extra per annum. Notifications of infectious diseases during the year include Typhoid 16, Diphtheria 14, Tuberculosis 10, with 4 cases of Small-pox, 5 of Scarlatina and 2 of Leprosy. Small two-roomed lazaretto at Fortuintjesdorp; cases other than Small-pox and Plague are isolated in their own homes. Immediately a case is notified Council's Inspector visits and inspects, sees that segregation and disinfection is carried out, and in case of doubt calls in the assistance of the Health Officer. In October last Council called a meeting of local medical men and missionaries regarding Tuberculosis. General feeling was that disease is on the increase; Council felt that they could not take steps to forcibly segregate cases, but decided that the Inspector disinfect rooms occupied by consumptives on death occurring, bedding to be destroyed where possible; also to endeavour to spread knowledge of the cause of the disease and of proper preventive and remedial measures. A public meeting was subsequently called, when one of the medical men, supported by members of the Council, gave an address on the subject. The Inspector reports that since then he can see improvements as to cleanliness and overcrowding among the Coloured community. No Native Location. Three slaughter-places outside the Municipality, which are frequently inspected. Carcases are cleaned and conveyed to the butchers' shops in covered carts. Butcheries, dairies, etc., frequently inspected, and some convictions have been obtained. All premises, yards, etc., regularly inspected; two dangerously-damp areas have been drained. New works during the year: New water scheme; half of Dorp Street widened and properly re-constructed with granite side drains at cost of over £1,000; sidedrains in many of the small streets have been laid in hard brick and cement; upwards of 10,000 trees have been planted, and paths and walks

laid out. Matters of sanitation dealt with by Public Health Committee. Two Inspectors.

2. SOMERSET WEST (M.).—The water-supply of the better class houses is obtained from rainwater tanks, a portion on the "Hill" from Mr. G. M. Walker's private supply, which is led to the houses in pipes; the poorer class obtain their supplies from the river and open furrows; during the past year sundry sources of supply have been examined by the Engineer, and a preliminary report of the cost has been furnished. Night-soil and refuse are removed by contract at least once a week; duplicate pail system in use; pails are cleansed and disinfected; slop-water is disposed of by householders. The Council disinfects clothes and dwellings when requested by the medical practitioner attending the case. The furrows are often cleaned out, and a solution of Jeyes' Fluid run down. No Native Location. Slaughtering is done outside the area. The Health staff consists of Sanitary Inspector, who also acts as Works Overseer.

3. SOMERSET STRAND (M.).—Water-supply from the Lourens River above Somerset West; the source is outside the Municipal area; the water is piped to the filter bed of the reservoir, from which it is distributed in pipes; supply is sufficient and free from pollution. Night-soil is disposed of partly by earth closets and partly by water closets; removals are carried out twice a week; slop-water and refuse removed daily. Sanitary work is carried out departmentally. Two cases of Diphtheria and 3 of Typhoid Fever. Surprise visits are occasionally made as regards meat and food, but there have been no results.

4. GORDON'S BAY (V.M.B.).—Water-supply direct from mountain spring which runs down to filtering tanks, and is then distributed in pipes; supply is plentiful and absolutely pure. Night-soil is collected by contract; the expense is met by a sanitary rate. No duplicate pails of standard pattern are used. No infectious disease notified except two cases of Diphtheria. No isolation hospital accommodation. No Native Location. Very little slaughtering done locally. The general sanitation is good.

SOMERSET EAST. 1. SOMERSET EAST (M.).—Water-supply unchanged; at times the supply is not sufficient. Night-soil removed weekly by contractor on the pail system; slop-water removed daily from about 50 householders, this is not compulsory; householders required to remove and deposit rubbish on sites set apart by the Council. Forty-five notifications of infectious disease during the year; Council supplied disinfectants gratis to persons in poor circumstances; no measures, excepting periodical inspections, taken regarding Tuberculosis. Water-supply to Location is from the town supply; a few residents have a weekly night-soil removal by the town contractor. Slaughtering done in the Municipal shambles; periodical inspections made regarding unsound food, and where any such is found the parties are prosecuted. Weekly inspections of all private dwellings and business premises are made.

2. PEARSTON (M.).—No change as regards water-supply or sanitary circumstances. Steps have been taken to prevent overcrowding. The water-supply of the Location is pure; there is no system of night-soil removal, but the general sanitation of the Location is watched by the Location Inspector. Trees have been planted in the streets, the watercourses improved, and a part of the Commonage cleared of prickly pear.

STEYNSBURG. STEYNSBURG (M.).—Water-supply unchanged. Night-soil disposed of on pail system with weekly removals. Slop-water and refuse disposed of as previously reported. Notifications during year: Enteric 10, Scarlet Fever 12, Diphtheria 19, and Erysipelas 2. Special pails marked with a red cross are provided for infectious cases and removed daily. The water-supply to the Location is good and not liable to pollution. The night-soil system of the Natives is still the promiscuous one; sanitary condition good. A weekly inspection of the Municipal area is carried out; no convictions during year. The establishment of public abattoirs is now being considered by the Council. No sanitary defects exist.

STEYTLERVILLE. STEYTLERVILLE (M.).—Water-supply from wells fed from the Groot River; the water is slightly brackish but otherwise good; rainwater is chiefly used for drinking purposes. Night-soil is removed fortnightly by contractor. Slop-water and refuse are also removed; the contractor is paid £96 per annum. A few cases of Enteric Fever occurred, but did not originate here; the infected houses were disinfected. No hospital accommodation. No overcrowded or unfit dwellings. Native Location under the control of the Municipality; it is only a small place; the water-supply is obtained from the Municipal wells, and the night-soil, etc., is removed to a spot pointed out by the Council. Butchers' shops, etc., are inspected by Sanitary Inspector. The Sanitary Staff consists of a Sanitary and General Inspector. No new works during year.

STOCKENSTROM. 1. SEYMOUR (M.).—No change since last report. Sanitary arrangements quite satisfactory. Only two cases of Scarlet Fever during year.

2. BUXTON (V.M.B.).—Water-supply from river by open furrow; supply good and pure. Four cases of Small-pox occurred during the year.

3. CATHCART VALE (V.M.B.).—No change since last report. Sanitary arrangements quite satisfactory. No infectious disease during year except one case of Chicken-pox.

4. LUSHINGTON (V.M.B.).—Water-supply from springs in the Mountain conveyed by open furrow; supply pure but liable to pollution. Night-soil and slop-water disposed of on the erven; one or two closets exist but every erf-holder should be compelled to have one. Slaughtering is generally done privately. The Board takes legal steps where necessary. £25 has been spent on removing noxious matters from the Commonage.

5. MAASDORP (V.M.B.).—Water-supply from two streams originating from springs in the Katberg mountains; most of the springs are within Board's area, a few are on Forest Department land; the two streams—Maasdorp's and Juries Hoek Rivers—unite a mile from Board's boundary; supply distributed by open furrows; supply adequate but liable to pollution. No systematic collection and removal of night-soil, slop-water or refuse; closets only used by the more enlightened inhabitants, others use the open veld; there is, fortunately, not much danger of the rivers being polluted thereby. No outbreak of Infectious Disease during year; no overcrowding. Slaughtering is done by householders; meat in small quantities is usually obtained from Balfour. No Sanitary Staff employed by Board.

6. UPSHER (V.M.B.).—Health of Village very good during the year; one case of Small-pox which was isolated and attended by District Surgeon.

SWELLENDAM. 1. SWELLENDAM (M.).—Domestic water-supply obtained from springs in the mountain led by pipes; is good and sufficient; remainder of water is conveyed by open furrows. Tri-weekly night-soil removal system with duplicate pails of standard pattern; this, however, is optional. Slop-water and household refuse disposed of in gardens. Six cases of Typhoid and 2 of Tuberculosis notified during the year. Dwellings of Tuberculosis patients are inspected and in case of death the rooms are disinfected and bedding burnt. No Native Location. Slaughtering done in the town. Butchers' shops, dairies, etc., inspected from time to time, and on receipt of report of any sanitary defect notice is immediately given and defect remedied, failing which legal proceedings taken. No new works during the year.

2. BARRYDALE (V.M.B.).—The water-supply and the sanitary arrangements are unchanged. The health of village is good. No case of infectious disease reported, except one or two imported cases of Consumption. No overcrowding. No Native Location.

TARKASTAD. TARKASTAD (M.).—Report of Dr. W. Fergus, Health Officer. —Water-supply as described in last year's report. Supply is pure, as it issues from the pipes, but contamination might easily take place during distribution. Many houses have underground and iron rain-water tanks; total supply very inadequate, and little can be done towards the construction of Public Baths and Wash-houses, and the beautifying of streets; new scheme is under consideration. Night-soil removal departmentally on the pail system; pails emptied when they become full, notice being given to the Sanitary Inspector by the householder; this system is objectionable and pails are frequently allowed to become too full and spilling is apt to take place; there should be regular removals at regular intervals and a small annual tax; duplicate pails are not used. Slop-water and refuse disposed of by householders. The only infectious disease which occurred during the year was an outbreak of Continued Fever in the Native Location. No hospital accommodation except two-roomed brick building erected some years ago for Small-pox patients and used for the temporary segregation of Lepers and Syphilitics. Tuberculosis rare. Overcrowding is frequent in the Native Location; water-supply to Location by public fountain. Night-soil is deposited in the sluit adjoining the Location and in some cases buried; the system, or rather want of system, is very objectionable; there should be a proper system of latrines with regular removals; this would to a great extent prevent pollution of the sluit near to the town. A public slaughter-house is provided; it is greatly in need of a liberal water-supply, and provision is made for this in the proposed water scheme.

TULBAGH. 1. TULBAGH (M.).—Water-supply from the Witzemberg; part of this stream traverses open furrow to the town and is used for irrigation, the other part is piped to the reservoir, a distance of 3 miles, and thence distributed; latter supply, owing mainly to the corrosion of the pipes but partly also to the expansion

of the town, has in later years become inadequate. Council have purchased a farm called "Part van Kruisvallei" with continuous supply of $1\frac{1}{2}$ inches of water; farm so situated that water can be led into the same main and conveyed to the town; it is further contemplated to relay the main with 4-inch pipes; all preliminary steps required for raising loan have been taken. The upper part of the town is supplied with irrigation water from Malkop River; the storage reservoir is not yet quite completed, but steady progress is being made with excavations. Night-soil and house refuse removed once a week from every dwelling; night-soil more frequently where necessary; duplicate pails of standard pattern are used. Charge made is £1 per annum, one removal a week. Very few cases of infectious disease; 3 cases Enteric Fever; disease probably contracted elsewhere in each of these. There is a small lazaretto, consisting of two rooms constructed of galvanised iron; only used for Small-pox. No cases Tuberculosis yet notified. No overcrowding exists. Inhabitants of Native Location are supplied with good water from the town reservoir; inhabitants use bush for night-soil disposal; general sanitation of Location is good. Slaughter-houses in good order, one being within and the other without the limits of the Municipality. Council is engaged in excavating the Malkop River Dam, and will shortly start relaying the water mains as already stated. No permanent Sanitary staff; the Town Clerk and Overseer doing what is necessary.

2. WOLSELEY (V.M.B.).—Conditions remain the same as for 1906. Two cases of Tuberculosis during year. Dwellings in general are in a fairly satisfactory condition, but there is of course some room for improvement.

UITENHAGE. UITENHAGE (M.).—Water-supply unchanged except that during the year larger mains were laid in four principal streets and new mains in several side streets at a cost exceeding £1,600. Pail system in use for night-soil; no organised system for removal and disposal of slop-water. Notifications of infectious diseases during the year include Enteric 15, Puerperal Fever 3, Diphtheria 4, Scarlatina 5; two of the Enteric Fever cases believed to have contracted the disease in the country. When a case is reported premises are inspected, enquiry made as to probable cause of the disease and steps taken accordingly; no steps taken to prevent spread of Tuberculosis. Native Locations at Upper and Lower Kabah and at Oatlands supplied with pure spring water from the town service. No public latrines but Locations are kept clean and rubbish removed at regular intervals. Erection of public slaughter-house is occupying the attention of the Council; plans have been drawn up and tenders will be called for shortly; if the cost proves reasonable it is anticipated that the erection of these buildings will be proceeded with. Butchers' and Bakers' shops, Fruit Stores and Dairies frequently inspected by Sanitary Inspector who attends daily at the morning market. Unsound food-stuffs are condemned and in certain cases destroyed. Survey and preparation of plans in connection with proposed Sewerage scheme was continued during the year; Survey and plans almost ready for the expert. Sanitary staff consists of Sanitary Inspector; Scavenging and Street-cleaning gang is employed under the Town Engineer.

UNIONDALE. 1. UNIONDALE (M.).—Water-supply from river outside Municipal area brought to reservoir in open furrow and thence distributed by pipes; supply adequate and very pure. Night-soil removed by contractor at 2s. 6d. per pail per month, and 9d. for each extra removal; duplicate pails are used. No system of slop-water or refuse removal. Only one or two cases of infectious disease during the year. On notification of a case the Sanitary Inspector distributes disinfectants and inspects. Spittings are carefully buried with lime, and overcrowding is avoided. Location carefully inspected by Sanitary Inspector. No public abattoir; butchers' shops and shambles very clean. Cattle are being killed in town, but all blood and refuse are buried. A few hundred pipes have been taken up and replaced by larger pipes to secure better distribution of water. It would be advisable to make Syphilis a notifiable disease. Sanitary staff consists of Sanitary Inspector, who is also Street-keeper, and a Sanitary Contractor.

2. HAARLEM (V.M.B.).—Water-supply from river, which has its source from mountain springs under control of Board, and situated partly within its area; supply collected and distributed by open furrows; is abundant and pure though liable to pollution; furrows cleansed twice a year or oftener as required; no washing of any kind allowed in or above the main watercourse. No system of collection and disposal of night-soil or refuse; householders make their own arrangements. No infectious disease has prevailed; some cases of Consumption occurred among the Coloured inhabitants; no measures taken to combat spread of this disease. No system of inspection of butchers' shops and foodstuffs, and no Sanitary staff employed by Board.

VICTORIA EAST. ALICE (M.).—Water-supply from Chumie River by open

furrows; supply sufficient for drinking and irrigation. Council have paved parts of the furrows. All night-soil removed by contract at least once a week. Two sets of latrines erected for Natives, and man appointed to see that they are kept clean and disinfected daily. Refuse removed by contract. No Native Location in the town proper; only Location is that at Lovedale. All cattle kraals have been removed out of the town.

VICTORIA WEST. 1. **VICTORIA WEST (M.).**—Water-supply remains unsatisfactory; it originates from a series of bore-holes in the Poort, and is thence conveyed partly by galvanised troughs and partly by open furrow. Municipality is much handicapped owing to the action of the water erf-holders, who resist all efforts towards alteration which may, as they consider, affect the supply to their gardens. The supply is entirely under the control of the local authority, and is within the Municipality. Night-soil, refuse and slop-water removed regularly by contractor; ticket system in use for night-soil; duplicate pails of standard pattern not insisted upon. Very little epidemic disease during the year. A case of Small-pox occurred at Hazel Siding in the District; other notifications of infectious diseases included Enteric Fever 8, Diphtheria 6, Scarlet Fever 4, Malta Fever 1. Remarks made in last report regarding isolation hospital hold good. Precautions adopted to prevent Tuberculosis; no overcrowding is permitted. No system of night-soil removal at Location; water-supply is carried by the inhabitants themselves. Slaughtering done outside the village, and not permitted within the vicinity of residences.

2. **VOSBURG (M.).**—Report of Dr. W. H. Bournes, Health Officer.—Water-supply from spring and bore-hole about 400 yards south-west of the village within Municipal area; supply conveyed to a dam which is outside village, from which it is distributed by furrows; rainwater chiefly used for drinking purposes, but when the tanks run dry drinking water is obtained from a few yards above the dam; supply is fairly adequate, but liable to pollution; at present there is a scheme on to improve the supply by piping it. Night-soil is collected by Municipality, on payment, once or twice a week as desired by householders; buckets should be removed by the cart and clean, disinfected ones put in, instead of the present system of emptying and returning the same bucket. No slop disposal system. Refuse is removed by Municipality on payment of small fee. No serious outbreak of infectious disease. No overcrowding; dwellings mostly healthy. Water-supply to the Location sufficient; night-soil removed by the Municipality. New regulations have been drawn up and are still under consideration. During year a new pit and windlass has been provided for a supply of water to the Native Camp.

VRYBURG (M.).—Water-supply under control of Municipality; there is a fountain which supplies drinking water at a charge of so much per load, free to those who obtain their own supplies; there are springs at Swartfontein three miles away from the town which supply water for irrigation; a considerable number of private wells used for irrigation and drinking. Night-soil removed under contract, which works very satisfactorily. There is no systematic removal of slop-water. The town has been remarkably free from infectious disease, and there has been very little overcrowding. No Health Officer has been appointed. Proper slaughter sites are in use and are regularly inspected.

WILLOWMORE (M.).—The water-supply is derived principally from wells and in a few cases from bore-holes; also there is a dam under Municipal control from which Natives draw their supplies. Weekly removals of night-soil; pails washed and disinfected, the cost is borne by the Municipal rates; slops are thrown over householders' yards; the Council are contemplating a scheme for removing slops from hotels and boarding-houses. Refuse is removed weekly, the cost being defrayed out of the rates. Numerous cases of Syphilis and Consumption reported during year; since the Government broke down the old C.D. Hospital there is no accommodation except a galvanised hut where Native cases of Small-pox or Amaas are isolated; no notice is taken in cases of infectious disease except in Europeans; no measures whatsoever have been taken to prevent the spread of Tuberculosis or the overcrowding of dwellings. Slaughtering is done in a very insanitary manner on the outskirts of the town; persons are permitted to slaughter on their own premises if for their own use.

WODEHOUSE. 1. **DORDRECHT (M.).**—Water-supply (a) reservoir holding 23,000,000 gallons; water distributed therefrom by pipes with standpipes and taps; water therefrom cannot be used for drinking purposes; (b) springs: water therefrom is used for drinking, and is distributed in the same manner as from the reservoir; both reservoir and springs belong to and are under control of Municipality and within Municipal area; supply is sufficient; that from the springs is pure, and not liable to pollution. Night-soil and refuse removed once a week;

bucket system for night-soil in use; Sanitary Contractor does his work to the satisfaction of the Council. Four cases of Enteric Fever notified during the year; Council doing everything possible to stamp out this disease; no isolation accommodation except a small wood and iron Small-pox lazaretto. Slaughtering done at place set apart for the purpose and under the supervision of Sanitary Inspector; abattoirs not necessary. Sanitary Inspector examines all meat exposed for sale on market; no diseased meat discovered. Several Native latrines erected along the bottom side of the town; these will be in use in a week's time; bucket system will also be used for these.

2. INDWE (M.).—Water-supply from Indwe River, pumped through some 2 miles of iron pipes into open reservoir close to Green Mine and just above Native Location, and subject to drainage of all surrounding high lands. Pumping station is outside Municipal area, and is the property of the Indwe Mining Co.; from this reservoir the water is led in iron pipes to the railway premises, and the supply for a portion of the town is delivered at a stand pipe near the Railway Goods Shed; further supply of some 2,000 gallons per diem is brought through iron pipes direct from a spring in the Byrne Mine and delivered at two stand pipes, one at corner of Station and Xalanga Streets, and the other at corner of Main and Station Streets, thence to Market Square, where it flows into tanks covered by an iron shed. Supply totally insufficient and liable to pollution of every kind. Night-soil, slop-water, household and other refuse removed by Municipality twice weekly. Number of cases of Typhoid Fever, mostly in Native Location, during the year; source of infection believed to be Natives visiting outside districts; steps taken by Municipality to disinfect the huts; cases in Location receive special attention. No hospital accommodation within Municipal area. Water-supply for Location same as that of the town, being pumped up from Indwe River and delivered at a stand pipe close to Location. Night-soil removals carried out in same manner as in the town, there being 7 privies on outskirts of Location; other refuse removed in same manner as that from the town. No public abattoirs; question at present under consideration; private slaughter sheds under control of Municipality, about 1,500 yards from nearest house in town. Sanitary Inspector visits all butchers' shops and inspects meat offered for sale; few cases of diseased meat; when found it is condemned and buried. New regulations passed regarding management of Native Location, construction of which will be reorganised. Sanitation of town good and everything done to prevent spread of disease. Essential thing to eradicate Typhoid Fever now existent in the town is a sufficient and clean water-supply. Sanitary staff consists of Sanitary Inspector, who makes frequent inspections and deals with all nuisances as they arise.

WOODSTOCK. 1. WOODSTOCK (M.).—Report of Dr. J. Hewat, Health Officer.—Water-supply from Newlands Springs, pure but deficient; during year a Water Act for the Peninsula, including Woodstock, was passed, granting powers to obtain a supply from Wemmer's Hoek, which when completed will settle the Peninsula water-supply for the next 100 years, if not for ever. Night-soil is removed systematically under Municipal supervision; refuse is collected daily and deposited on reclaimed land on the beach; the work is carried out excellently. Three hundred and fifty-two notifications of infectious disease during year, including Scarlet Fever 191, Tuberculosis 75, Enteric Fever 37, Diphtheria 27, and 4 of Puerperal Fever; in every case a Sanitary Inspector inspects and investigates, and premises are disinfected on completion of case. Tuberculosis is dealt with in the same way as other notifiable diseases; overcrowding and the occupation of unhealthy dwellings are carefully watched for and dealt with. No Native Location. No slaughtering permitted within Municipal area; Municipality have been negotiating with Cape Town and other suburbs regarding public abattoirs, which are much required. Butchers' shops, dairies and bakeries are carefully inspected. The Municipal Council and officials deserve great credit for the way in which they deal with all insanitary conditions and act upon recommendations made to better the public health. The Sanitary staff has been reduced during year, in conjunction with general retrenchment, and the Health Officer hopes there will be no need to further reduce it as the area is a large and populous one requiring much sanitary inspection and work.

2. MAITLAND (M.).—Report of Dr. J. Hewat, Health Officer.—The births during the year were 349 and the deaths 157. Twenty-three cases of Zymotic disease notified, including Enteric 5, Small-pox 4, and Tuberculosis 6. The want of a full water-supply to the whole District is a serious drawback; many of the dwellings on the outskirts have no supply and are dependent on surface wells—a distinct danger to public health. Refuse removal satisfactory. The antiquated paid ticket system still in vogue for night-soil removal; a system of house tax for this purpose

should be imposed, and the removals carried out weekly; in this way there will not be the same tendency for many of the poorer inhabitants to delay their order in order to save expense. The present depositing site in the centre of the Municipality is dangerous and insanitary, and the Council are strongly urged to obtain a site on the outskirts. Slaughter-houses, cowsheds and dairies are carefully inspected by the Health Officer before being licensed; slaughter-houses as they at present exist are in most cases insanitary, showing the need for properly-constructed abattoirs. A number of new streets and new street drains were constructed during year.

3. GLEN LILY, FAIRFIELD, AND PAROW (V.M.B.).—The water-supply is obtained from rainwater tanks; the need of a good water-supply is keenly felt. Night-soil removed on the duplicate pail system fortnightly; no systematic removal of slop-water and refuse. Infectious diseases were not prevalent, the majority of the cases being Scarlet Fever in children of workmen employed at Salt River. No isolation hospital. Tuberculosis not prevalent. No meat slaughtered within the area. Inspections are made on the Board's behalf by the Chief Inspector, kindly granted by Cape Divisional Council, twice monthly. There have been prosecutions where bad and unsound meat has been kept and sold. One successful prosecution was made for keeping animals and causing a nuisance, 29 pigs being kept in a small area surrounded by houses, the owner neglecting to remove same after due notice. No sanitary staff; temporary men are employed when required.

4. DURBANVILLE (M.).—Water-supply obtained from two springs, both well protected; water delivered by pipes; no chance of pollution. Duplicate pail system in vogue for night-soil. Household and other refuse collected weekly and carted to suitable sites wherever necessary. No overcrowded or unfit dwellings. Slaughtering done outside the village; butcheries in good order; inspection of butchers' shops, foodstuffs, etc., carried out by the Chief Sanitary Inspector of the Cape Divisional Council.

WORCESTER. 1. WORCESTER (M.).—Report of Dr. Dirk Hugo, Health Officer.—Water-supply unchanged; the town has not yet benefited by the Brandwacht supply acquired by the Council some three years ago. For many years the Medical Officer of Health for the Colony, supported by the Municipal Health Officer, have cried out for a pure and wholesome drinking water; the ratepayers at last realised the necessity, and some years ago favourably entertained comprehensive schemes; Health Officer understands that Ministry now raise difficulties and baulk progress. The want of an extra water-supply is being seriously felt. De Doorns is rapidly becoming a populous township, and farms in the Hex River area are year by year employing more hands; the rainfall has been about half the normal, with the result that the furrows throughout the town and on private property go for days without flushing. No change with regard to collection and disposal of night-soil: cost made up by charge of 6d. per removal; pails are of standard pattern. A comprehensive sewerage scheme is contemplated, and will be considered as soon as the increased water-supply is obtained. There was an excess of Enteric Fever cases during March and April, mild epidemic of Whooping Cough and Scarlet Fever; Gastro intestinal disorders have not been more prevalent than in previous years. No steps taken to stop Tuberculosis. No Location; no public abattoirs. Chief Inspector inspects butcheries and greengrocery shops; it is regretted that the Dairy Act is not enforced. At no distant time the alarming spread of Tuberculosis will persuade the Council of the urgent need of carefully supervising the sale of milk. Health Officer views the probabilities of the spread of Tubercular infection in the town with dread, and hopes that Parliament will legislate on this all important question. The "Resistance" of South Africans against this scourge is practically *nil*, and unless the disease is watched and combatted in every way the death-rate and suffering from this cause will be out of all proportion.

2. RAWSONVILLE (V.M.B.).—Water-supply from a stream running in open furrow. Furrow is kept in order, cement pipes being laid over the streets. No special sanitary removal system in force. No infectious diseases prevailed during year. There is only one butcher, and his work is carried out satisfactorily. General health very good.

WYNBERG. 1. CLAREMONT (M.).—Report of Dr. G. G. Eyre, Health Officer.—Water-supply from Albion Spring in Rondebosch Municipality and the mountain streams running into the new reservoir at Newlands; quality of water good and quantity sufficient for the present needs which have fallen off during the year owing to the increased number of unoccupied houses. Night-soil removed by the pail system at £1 10s. per pail per annum; night-soil buried in trenches at the Municipal farm, and upon the ground thus fertilised abundant crops are raised,

Slop-water collected daily and used for irrigating the Municipal farm. Refuse collected thrice weekly and buried on vacant ground. Notifications of infectious diseases during the year numbered 112, including Tuberculosis 40, Scarlet Fever 36, Enteric Fever 18, Diphtheria 16, Small-pox 1, and Puerperal Fever 1. Disinfection of premises has been carried out in all cases other than Tuberculosis, and also in that disease where death has resulted and it was possible for disinfection to be at all efficiently carried out. No new works during the year. Sanitary conditions of Municipality unusually good. General death-rate is lowest on record, and there was a remarkable diminution in infantile mortality, especially during the summer months.

2. MOWBRAY (M.).—No slaughtering of meat within the Municipality; meat brought from Maitland or Rondebosch. Negotiations are being opened with the Imperial Cold Storage Co. with view to small butchers being allowed to kill at their slaughter-houses in Rondebosch. Inspection of butchers' shops, dairies, and food-stuffs carried out by Sanitary staff. Only one prosecution regarding unsound meat during 1907; great improvement in manner in which butchers' shops conducted. Council stipulates that floors must be made of non-absorbent material. Dairies and cowsheds visited monthly, and are at present satisfactory. Action taken immediately nuisances are detected. A supply of disinfectants always on hand and available for free issue to those unable to pay. During the year ventilating columns inserted at various points in the storm-water drains; Council doing everything possible to minimise nuisance from this source. Council are engaged in filling up old ravine on western side of Main Road, from the Cemetery towards the gasometer, which has been a constant source of nuisance; the whole of the tippings are covered with a good depth of soil.

NATIVE TERRITORIES. 1. BUTTERWORTH (M.).—Report of Dr. A. P. R. Fennell, Health Officer.—Water-supply from rainwater collected in tanks and from river; latter liable to pollution. Boring operations for water are in progress. Night-soil removed by cart and deposited some miles out of the town. Slop-water collected and removed. Refuse disposed of by householders. Two severe cases of Diphtheria during the year. Whooping Cough has been general; overcrowding and unhealthy occupation of dwellings has been remedied. No Native Location. No public slaughter-house; the conditions under which slaughtering is carried out have been improved. Slaughter-house and meat exposed for sale are examined by the Sanitary Inspector, and any suspicious case by the Health Officer. Sanitary defects have been remedied all round. Pollution of river water has been remedied by cutting down trees along the river bank, where the Natives defecated with impunity. Sanitary staff consists of Sanitary Inspector, assisted when necessary by the Health Officer.

2. CALA (M.).—Supply of water is from a natural spring; distributed by pipes; supply ample for domestic purposes; furrow supply for irrigation; this is liable to pollution. Pail system in vogue for night-soil; removals by a contractor; no regulations regarding duplicate pails of a standard pattern. No cases of infectious disease reported. There is a lazaretto on the outskirts. No measures taken regarding Tuberculosis. Slaughtering carried on in buildings approved of by the Council built at the expense of the butchers. In the case of any preventable nuisance not remedied within a reasonable time, the party concerned is summoned. No Health Officer employed.

3. EMBOKOTWA (V.M.B.).—Water-supply from river within Board's area; supply adequate and pure; no system of night-soil removals. No infectious disease has prevailed. No Native Location. Each householder slaughters his sheep at home; no butcher's shop.

4. KOKSTAD (M.).—Report of Dr. A. J. H. Thornton, Health Officer.—Water-supply unchanged; a pipe scheme is now under consideration. All habitations are provided with pail closets. Night-soil removed and buried. Slop-water and refuse disposed of privately. Night-soil is collected weekly, bi-weekly or tri-weekly as required. Cost of sanitary service varies from £350 to £400 per annum, met by scale of charges to householders. Duplicate pails of standard pattern are used. For particulars regarding infections see District Surgeon's report. Slaughtering done in two private slaughter-houses below the town, which are kept clean and sweet. Sanitary staff consists of part-time Health Officer, Sanitary Inspector, Coloured Assistant, Night Foreman, and 5 men.

5. MOUNT FRERE (V.M.B.).—Water-supply from springs, which have been fenced in. Night-soil system unchanged. The present butcher's shop has been in existence over 20 years, and the Board can see no serious cause for complaint. Condition of Cemetery unchanged.

6. UMTATA (M.).—Act passed last session for water-supply for the town; water

will be conveyed in 6-inch steel pipes from the Kambi forest, the intake being $13\frac{1}{2}$ miles from the town reservoir. Council now endeavouring to raise a loan, and as soon as this is done the scheme will be commenced at once. Night-soil removed by contract at 6d. per pail. Slop-water emptied at appointed places by householders. Notifications during the year: Scarlet Fever 5, Enteric 2; cases removed to hospital and dealt with there. No special measures taken to prevent spread of Tuberculosis. Cases of overcrowding are dealt with at the Magistrate's Court. The Native Location is situated near the Umtata River, from which the Natives get their water. No special provision for night-soil removal, the Location being about 3 miles from the town. No system of meat inspection carried out. There is only one slaughter-house, which is inspected weekly by the Sanitary Inspector. Numerous latrines have been placed on the outskirts of the town for Natives, and these are emptied twice a week. A special constable patrols the river bank to prevent pollution of the water. Council do not think it necessary to appoint Health Officer as things are at present. Sanitary staff consists of Sanitary Inspector and one policeman.

ANNEXURE "C." — CONTAGIOUS DISEASES PREVENTION ACT: REPORTS AND STATISTICS FOR THE CALENDAR YEAR 1907.

1. SUMMARY OF THE REPORTS OF MEDICAL INSPECTORS ON THE WORKING OF THE ACT.

1. CAPE TOWN.—Dr. HAROLD A. ENGELBACH, Medical Inspector.—Attendance under Part I of the Act satisfactory. Total examinations 1,312, being a slight decrease on 1906. Women examined, Europeans 44, Coloured 159, total 203; of these only 2 were compulsory submissions under Section 10. There were 133 admissions to hospital; the average stay of each patient was 39·6 days, and the average cost per patient per diem 3s. 0½d. 131 women remained on the register on 31.12.07 as against 127 on 31.12.06. 53 women were prosecuted under Section 17 and 3 under Section 11. 100 were removed from the register owing to their whereabouts being undiscoverable. 3 patients from Wynberg and 9 from Simon's Town were treated in the Hospital.

Under Part II of the Act, 30 women were treated from Cape Town and 1 from Simon's Town, making, with the 8 cases remaining from the previous year, a total of 39; of these 34 were discharged from hospital before the end of the year, leaving 5 remaining in hospital on 31.12.07. One death from syncope, due to cardiac disease, occurred.

Wards and other buildings are clean and tidy, and discipline has been good.

2. WYNBERG.—Dr. H. CLAUDE WRIGHT, Medical Inspector.—10 females remained on register on 31.12.06, 1 of these being in Cape Town; 11 were placed on the register during 1907, making a total of 21; 4 were removed from the register, one of them being the female in Cape Town, on 31.12.06, and 3 being admitted to the Cape Town hospital during the year; none of these returned to Wynberg. 19 were examined, all coloured, 11 were voluntary submissions, 8 were submissions under Section 10. Of these 19, 168 separate examinations were made, 2 of the women were found diseased. 3 cases, all fresh admissions, were treated in the hospital. There was 1 prosecution under Section 17, but no prosecution under Part II of the Act.

3. SIMON'S TOWN.—Dr. H. CLARKE, Medical Inspector.—35 women examined, of whom 2 were Europeans, 30 were voluntary submissions; 9 were found diseased. Before H.M.S. "Crescent" left the Fleet Surgeon wrote a letter to the Medical Inspector, in which he testified to the beneficial working of the Act.

4. EAST LONDON.—Dr. J. BARCROFT ANDERSON, Medical Inspector.—Working of the Act continued practically unchanged. Natives alone were dealt with and the amount of disease was less. The number of examinations of women while they were undergoing short sentences of imprisonment was 71 per cent. of the total number of examinations made. 3 women were prosecuted for refusing to continue attending.

5. KING WILLIAM'S TOWN.—Dr. HENRY M. CHUTE, Medical Inspector.—Under Part I 10 women were dealt with, of whom 5 were found to be diseased and were admitted to hospital. 3 cases under Part I were sent to hospital from East London. Part II of the Act continues to work satisfactorily, the natives voluntarily availing themselves of the advantages of the hospital. There were 103 admissions. The average cost per patient per diem was 2s. 6¼d.

6. PORT ELIZABETH.—Dr. DAVID CHARLES REES, Medical Inspector.—There were 824 separate examinations of 78 women (5 Europeans and 73 Coloured); 6 new cases, all voluntary, were placed on the register. 32 were found diseased and were treated in the Lock Hospital, 4 of them being admitted twice. 50 cases were treated under Part I of the Act, 34 being of Syphilis and 16 of Gonorrhœa; the average stay in hospital was 36½ days; the average daily number 10 and the average cost per patient per diem 1s. 11¼d. There is an increasing number of females in the district who may be classed as of easy virtue rather than as common prostitutes. They are domestic servants or in other daily employ and it is difficult to place such girls on the register, more especially having regard to the Morality Act, 1902. This Act and the C.D. Act continue to prove antagonistic and to impede the work of the Lay Inspector. A considerable and increasing migration of registered prostitutes to Humansdorp is taking place, this district being now readily accessible by means of the Avontuur Railway. The Police report from time to time that girls known to be diseased are living and practising prostitution in Humansdorp. The Medical Inspector considers that periodical visits to the Humansdorp district should be made by the Lay Inspector. 1 female was admitted to hospital under Part II and duly treated.

7. UITENHAGE.—Dr. R. G. LAMB, Medical Inspector.—108 separate examinations of 10 women (1 European and 9 Coloured) were made; none were found diseased. No new cases placed on the register. The number of women on the register does not represent the number of prostitutes; it is well known that a large number of girls in domestic service practise prostitution, but owing to the clashing of Act 39 of 1885 and the Morality Act of 1902 it is impossible to obtain sufficient evidence to get a conviction.

8. UMTATA.—Dr. R. H. WALSH, Medical Inspector.—The Act continues to work fairly satisfactorily and has certainly been beneficial. It would be still more useful if the women could be got to attend more regularly. 198 examinations were made with 19 admissions to hospital, several women being admitted twice. 6 remained in hospital from the previous year, so that the total number dealt with was 25. The daily average in hospital was slightly over 5 and the average cost per patient per diem approximately 1s. 9d.

ANNEXURE "C" (*continued*).—Table 1, Results of working of Part 1 (Females) of "The Contagious Diseases Prevention Act, 1885," in each of the Districts in which the portion of the Act is in force, for the Year 1907.

	Cape Town.	Wynberg.	Simon's Town.	East London.	King William's Town.	Port Elizabeth.	Uitenhage.	Umtata.	All Districts.
I. NUMBERS.									
Women on Register, 31st Dec., 1906	127	10	33	31	5	74	10	10	300
Placed on Register during 1907 ...	104	11	13	5	6	6	...	12	157
Removed from Register during 1907	100	4	13	2	1	1	..	12	133
Relieved by order of R.M. ...	1	...	...	...	...	...	...	...	1
Died	5	...	...	2	...	1	...	...	8
Removed to some known address	43	1	...	...	1	...	...	...	45
Disappeared or absconded ...	47	3	12	...	...	...	...	12	74
Married	4	...	1	...	...	...	...	...	5
On Register on 31st Dec., 1906, who failed to appear for examination in 1907	28	2	11	5	1	2	...	...	49
Examined	203	19	35	31	10	78	10	22	408
European	44	...	2	...	...	5	1	...	52
Coloured	159	19	33	31	10	73	9	22	356
Voluntary Submissions, Sec. 14	201	11	30	31	10	65	7	...	355
Compulsory Submissions, Sec. 10	2	8	5	...	...	13	3	22	53
Separate periodical examinations made	1312	168	910	179	87	824	108	198	3786
Usual length of interval between examinations (in days)	14	14	14	30	30	14	28	14	19.75
Found free from disease	111	17	26	27	5	46	9	5	246
Found diseased	92	2	9	4	5	32	1	17	162
Admissions into Hospital... ..	133	3	9	4	5	49	1	25	229
Nature of disease:—									
Syphilis: Primary	8	...	...	...	...	33	1	1	43
Secondary	24	3	...	2	3	...	...	5	37
Tertiary	7	...	4	...	...	...	...	1	12
Gonorrhœa	93	...	4	2	2	...	...	8	109
Other (Chancroid), Ulcer of Vulva, Cervix, etc.	1	...	1	...	...	16	...	10	28
Average stay in Hospital on each admission (in days)	39.6	25.3	59.0	40.42	22.0	36.5	35.0	77.0	41.85
Prosecutions: Sec. 11 of Act ...	3	...	...	...	4	...	...	...	7
Sec. 17 of Act	53	1	6	3	...	24	...	...	87
2. PROPORTIONS.									
Separate examinations per woman	6.46	8.84	26.00	5.77	8.70	10.56	10.80	9.00	9.28
Individuals found diseased per centum women examined	45.32	10.53	25.71	12.90	50.00	41.03	10.00	77.27	39.71
Separate admissions to Hospital per centum women examined	65.51	15.79	25.71	12.90	50.00	62.82	10.00	113.64	56.13
Re-admissions to Hospital per centum diseased women	44.57	50.00	...	...	...	53.12	...	47.06	41.36
Admissions to Hospital per centum separate examinations	10.14	1.79	0.99	2.23	5.75	5.95	0.93	12.63	6.05
Voluntary submissions per centum women examined	99.01	57.90	85.71	100.00	100.00	83.33	70.00	...	87.01
Prosecutions per centum women examined	27.59	5.26	17.14	9.68	40.00	30.77	...	...	23.04

TABLE 2.—Expenditure incurred in connection with Part 1 of "The Contagious Diseases Prevention Act, 1885," for the Calendar Year 1907.

Service.	Cape Town.	Wynberg.	Simon's Town.	East London.	King William's Town.	Port Elizabeth.	Uitenhage.	Umtata.	All Districts.
	£	£	£	£	£	£	£	£	£
Buildings, Construction and Repairs ...	20.14	...	...	...	...	1.88	...	...	22.02
Furniture, Utensils and Fittings	2.24	...	...	...	...	...	...	...	2.24
Bedding and Clothing	44.03	...	...	...	...	...	...	...	44.03
Provisions, Medical Comforts, Fuel, Light, Soap, Lime and other Supplies and Services	648.58	...	...	...	171.97	333.48	...	51.21	1205.24
Salaries and Allowances:—									
Medical Inspector	100.00	72.00	100.00	50.00	100.00	100.00	50.00	50.00	622.00
Lay Assistant	220.00	96.00	108.00	...	82.13	136.00	...	...	642.13
Matron, Nurses, Attendants, Guards, &c.	274.60	12.00	12.00	12.00	34.85	88.18	24.17	72.00	529.80
Miscellaneous or Special Expenses, Instruments, Appliances, Railway Fares, &c.	4.33	8.25	5.00	2.66	1.05	21.88	0.67	...	43.84
Total	£ 1313.92	188.25	225.00	64.66	390.00	681.42	74.84	173.21	3111.30

* Includes expenditure in connection with the treatment of patients under Part II. of the C.D.P. Act.

ANNEXURE "C." Table 3.—Statistical Tables under "The Contagious Diseases Prevention Act, 1885"—showing for the several Districts of the Colony Proper and Native Territories the number of Persons treated under Part II. of the Act during the Year 1907, together with the condition of treatment and the result.

DISTRICT.		IN HOSPITAL.										OUTDOOR.									
		Total Number of Patients treated during the Year 1907.				Fresh Cases coming under treatment during 1907.				Number of Discharges during the Year 1907.				Remaining under treatment on 31st December, 1907.				Average duration of Treatment per Patient (in days).			
		Per-sons.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Average Daily Number under treatment.
Total : Colony Proper	...	3217	1597	1620	111	101	405	188	312	144	19	15	67	45	118	85	...	...	...	...	...
Native Territories	...	41	7	34	...	6	...	19	...	19	...	...	...	...	...	6	...	...	...	...	...
Grand Total	...	3258	1604	1654	111	107	405	207	312	163	19	15	67	45	118	91	...	...	...	...	...
Colony Proper.																					
Aberdeen	...	11	3	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Albany	...	17	10	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venterstad (Albert)	...	8	5	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alexandria	...	21	8	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aliwal North	...	5	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Barkly West	...	94	53	41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Klipdam	...	29	16	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Beaufort West	...	10	3	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedford	...	7	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Britstown	...	20	6	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Caledon	...	30	19	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Calvinia	...	16	7	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cape Town	...	39	...	39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carnarvon	...	30	12	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ceres	...	6	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Clanwilliam	...	26	11	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Colesberg	...	13	7	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Craddock	...	28	19	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fraserburg	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Williston	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
George	...	14	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gordonia	...	16	9	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Graaff-Reinet	...	46	21	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Bethesda	...	3	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hanover	...	14	6	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hay	...	47	20	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Herbert	...	7	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hope Town	...	30	13	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Strydenburg	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Humansdorp	...	12	9	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jansenville	...	31	17	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kenhardt	...	3	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kimberley	...	322	272	50	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Warrenton	...	32	15	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

ANNEXURE "C," TABLE 5.—Statistical Tables under "The Contagious Diseases Prevention Act, 1885"—showing Expenditure incurred during 1907 in carrying out the provisions of Part II. of the Act in the several Districts of the Colony Proper and Native Territories, according to Returns rendered by the Resident Magistrates thereof.

DISTRICT.	District Surgeon's Travelling Expenses, Fees and Allowances.	Salaries and Allowances of Nurses, Attendants, Guards, etc.	Payments to Managers of General Hospitals for Treatment and Main- tenance of C.D. Cases.	Cost of Provisions, Medical Comforts, Fuel, Light, Soap, Lime, and other Supplies or Services.	Cost of Buildings, Construction Repairs and Rent; Cost of Furniture, Utensils, Fit- tings, Bedding, Clothing, etc., and Miscellaneous Expenditure.	Total.
Total :	£	£	£	£	£	£
Colony Proper	5,010·04	613·28	3,027·92	2,332·36	201·79	11,185·39
Native Territories	9·98	...	...	3·30	...	13·28
Grand Total	5,020·02	613·28	3,027·92	2,335·66	201·79	11,198·67
<i>Colony Proper.</i>						
Aberdeen	13·13	...	...	...	3·50	16·63
Albany ... ..	...	...	67·75	...	...	67·75
Alexandria	19·06	12·80	...	23·20	3·29	58·35
Aliwal North ... ..	...	...	...	...	3·75	3·75
Barkly West	101·81	16·70	...	76·80	...	195·31
Klipdam	29·25	...	...	...	...	29·25
Beaufort West	23·73	...	...	...	...	23·73
Bedford ... ..	...	...	...	2·49	...	2·49
Britstown	78·00	...	...	...	0·84	78·84
Caledon	59·75	...	...	...	...	59·75
Calvinia	20·61	...	...	99·47	...	120·08
Carnarvon	63·90	...	...	3·69	...	67·59
Ceres	3·38	...	...	...	...	3·38
Clanwilliam	27·75	66·01	...	60·31	5·42	159·49
Colesberg	54·75	18·00	...	153·42	...	226·17
Cradock	40·81	45·50	...	200·87	...	287·18
Fraserburg	6·38	...	...	...	...	6·38
Williston	1·22	...	...	...	...	1·22
George	41·56	...	...	12·65	...	54·21
Gordonia	27·97	2·67	...	57·20	...	87·84
Graaff-Reinet... ..	10·58	...	...	8·55	...	19·13
Hanover	44·86	...	...	22·42	...	67·28
Hay	127·58	66·75	...	485·21	30·00	709·54
Herbert ... ..	...	...	...	3·00	...	3·00
Hope Town	92·69	...	...	68·04	...	160·73
Humansdorp	13·29	...	...	5·09	...	18·38
Jansenville	81·94	...	...	...	...	81·94
Kenhardt	15·28	...	...	2·84	...	18·12
Kimberley	55·58	...	2,960·17	...	...	3,015·75
Keiskama Hoek (King Wms. Tn.)	29·84	...	...	...	...	29·84
Knysna	43·36	...	...	...	...	43·36
Kuruman	250·73	137·86	...	455·18	39·70	883·47
Ladismith	38·10	...	...	...	...	38·10
Mafeking	228·78	...	...	...	...	228·78
Malmesbury	27·59	71·53	...	88·95	3·35	191·42
Hopefield	142·75	...	...	1·75	6·96	151·46
Middelburg	11·63	...	...	...	...	11·63
Molteno	4·85	...	...	...	...	4·85
Murraysburg	93·00	...	...	...	...	93·00
Namaqualand	306·53	...	...	38·42	...	344·95
Garies	15·93	...	...	...	...	15·93
Oudtshoorn	365·63	12·00	...	27·97	...	405·60
Calitzdorp	103·47	...	...	...	...	103·47
Paarl	151·13	...	...	...	...	151·13
Wellington... ..	33·00	...	...	...	...	33·00
Peddie	1·85	...	...	...	...	1·85
Petrusville (Philipstown)	34·68	...	...	...	...	34·68
Piquetberg	22·93	...	...	...	...	22·93
Porterville... ..	30·63	...	...	...	...	30·63
Port Elizabeth ... ..	...	...	...	9·98	...	9·98
Port Nolloth	18·00	...	...	...	...	18·00
Prieska	31·68	...	...	...	...	31·68
Prince Albert	29·30	...	...	7·80	...	37·10
Queenstown	10·00	...	...	...	...	10·00
Sterkstroom	4·54	...	...	...	...	4·54
Richmond	25·33	...	...	63·38	...	88·71
Riversdale	4·85	...	...	...	...	4·85
Somerset East	38·65	...	...	...	...	38·65
Pearston	39·38	...	...	...	...	39·38
Steynsburg	1·50	...	...	...	...	1·50
Steytlerville	0·47	...	...	...	...	0·47
Stutterheim	36·75	...	...	...	...	36·75
Swellendam	10·01	...	...	...	...	10·01
Taung	1,400·86	61·16	...	...	3·38	1,465·40
Tulbagh	1·13	...	...	...	...	1·13
Uitenhage	4·50	...	...	...	...	4·50
Uniondale	60·00	...	...	...	...	60·00
Van Rhynsdorp	5·63	...	...	...	...	5·63
Victoria East... ..	6·94	...	...	...	...	6·94
Victoria West	171·01	26·00	...	90·08	0·70	287·79
Vryburg	48·44	18·80	...	87·45	...	154·69
Willowmore	31·07	...	...	0·15	...	31·22
Worcester	38·73	57·50	...	176·00	100·90	373·13
<i>Native Territories.</i>						
Butterworth	9·98	...	...	3·30	...	13·28

The expenditure for Cape Town, King William's Town and Umtata is included in the Part I. Expenditure (*vide* Table 2). Nil Returns were received from the remaining Districts.

ANNEXURE "D," LEPERS.—Return showing the Number of Lepers on the Register in each District of (1) the Colony Proper, and (2) in the Native Territories, and the manner in which they were dealt with during the Year 1907.

DISTRICT.	Form of Disease.	RACE. E. or C.	Total Cases on Register during 1907.		Living in the District and on Register on 31st December, 1906.		Fresh Cases Registered during 1907.		Removed from Register in 1907.										Remaining on the Register and being still in District on 31st December, 1907.	
									Sent to Asylum.		Died.		Disappeared or absconded.		Disease arrested or in abeyance.		Found not to be suffering from Leprosy			
TOTAL :—			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Colony Proper ...	...	...	206	162	126	102	80	60	68	46	7	2	2	4	...	2	1	2	128	106
Native Territories	...	...	132	98	93	80	39	18	21	9	2	1	4	3	3	1	...	...	99	81
GRAND TOTAL	...	...	338	260	219	182	119	78	92	55	9	3	6	7	3	3	1	2	227	190
<i>Colony Proper.</i>																				
Adelaide ...	A	C	1	1	...	1(a)	1	...	1	1	...	...	...	...	...	...	...	...	...	...
Albany ...	A	C	2	...	(b)	(b)	2	...	2	...	...	...	...	...	...	...	...	...	...	...
Alexandria...	A	C	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...
Aliwal North	A	C	4	...	...	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...
Bathurst ...	A	C	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Bedford ...	A	C	1	1	...	...	1	1	1	1	...	...	...	...	...	...	...	...	1	...
Caledon ...	A	E	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Cape Town...	T	C	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
	A	C	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
	T	E	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
	M	E	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
	T	C	...	2	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...
	A	C	4	1	...	...	4	1	4	1	...	...	...	...	...	...	...	...	...	...
	M	C	4	...	2(c)	...	2	...	4	...	...	...	...	...	...	...	...	...	...	...
	A	C	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Clanwilliam	A	C	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
East London	T	C	2	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...
	A	C	4	...	...	...	4	...	3	...	...	...	...	...	...	...	...	...	1	...
	M	C	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Fort Beaufort	T	C	...	2	...	...	...	2	...	1	...	...	...	1	...	...	...	...	...	...
Glen Grey ...	T	C	3	1	3	...	...	1	...	...	...	...	...	1	...	...	...	...	3	1
	A	C	22	23	21	22	1	1	...	...	...	...	...	...	...	...	...	...	22	23
	M	C	3	3	2	3	1	...	...	...	...	...	...	...	...	...	...	...	3	3
Gordonia ...	T	C	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
	A	C	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
	M	C	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
	T	C	1	5	1	5	...	...	...	...	...	...	...	...	...	...	...	...	1	5
	A	C	18	19	18	17	...	2	...	...	1	...	...	...	...	2	...	1	17	16
	M	C	4	2	3	2	1	...	...	...	...	...	...	...	...	...	...	...	4	2
Hope Town...	A	C	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Humansdorp	A	C	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Kimberley ...	T	C	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
	A	C	5	...	1	...	4	...	4	...	...	...	1	...	...	...	...	...	...	...
	M	C	2	...	1	...	1	...	1	...	...	...	1	...	...	...	...	...	...	...
Beaconsfield ...	M	C	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
King William's Tn., including Keiskama Hoek, and Middledrift	T	}	65	40	55	33	10	7	11	7	2	...	...	...	...	...	...	...	52	33
Komgha ...	A																			
	M	C	3	1	2	...	1	1	...	...	2	...	...	...	...	...	...	...	1	1
Mafeking ...	A	C	2	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	2	1
	M	C	1	1	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Malmesbury	A	E	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	M	C	2	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...
Molteno ...	M	C	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Mossel Bay...	M	E	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
	M	C	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Namaqualand	T	C	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Paarl...	A	E	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	A	C	3	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...	...	...
	M	C	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Wellington	M	C	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Peddie ...	T	C	...	2	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...
	A	C	2	2	...	2	2	...	1	...	...	...	...	...	...	...	...	...	1	2
	M	C	1	1	1	2	...	2	1	2	...	...	...	...	...	...	...	...	...	2
Piquetberg	M	E	1	1	1	...	...	1	...	1	...	...	...	...	...	...	...	...	1	...
	M	C	...	2	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	1
Port Elizabeth	T	C	...	3	...	...	...	3	...	1	...	1	...	...	...	...	...	...	...	1
	A	C	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
	M	C	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Queenstown	T	C	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
	M	C	1	2	...	...	1	2	1	2	...	...	...	...	...	...	...	...	...	...
Riversdale ...	M	C	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Robertson ...	M	C	1	1	...	1	1	...	...	...	...	...	1	...	...	...	...	...	1	...

NOTE :—T = Tubercular ; A = Anaesthetic ; and M = Mixed.

(a) This case was erroneously omitted from the 1906 Return.

(b) Of the three cases shown by the R.M., Albany, in his 1906 Return as remaining on Register, the Male should have been shown as "Disappeared," and the two Females, "Sent to Asylum."

(c) One of these cases was erroneously omitted from the R.M.'s Return for 1906.

PUBLIC HEALTH REPORT.—ANNEXURE "D"—(continued).

ANNEXURE "D," LEPERS (continued).—Return showing the Number of Lepers on the Register in each District of (1) the Colony Proper, and (2) in the Native Territories, and the manner in which they were dealt with during the Year 1907.

DISTRICT.	Form of Disease.		RACE.	Total Cases on Register during 1907.		Living in the District and on Register on 31st December, 1906.		Fresh Cases registered during 1907.		Removed from Register during 1907.										Remaining on the Register and being still in District on 31st December, 1907.	
	F.	C.								Sent to Asylum.	Died.	Disappeared or absconded.	Disease arrested or in abeyance.	Found not to be suffering from Leprosy							
<i>Colony Proper—</i>																					
<i>(contd).</i>																					
Simonstown	T	E	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	T	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Somerset East	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Stellenbosch	T	E	2	1	1	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	
	T	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Stockenström	T	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	A	C	1	3	1	1	1	3	1	3	1	3	1	3	1	3	1	3	1	3	
Stutterheim	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Tarka	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Taung	A	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	M	C	1	2	1	1	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
Uitenhage	T	C	3	2	1	1	2	2	1	2	2	1	2	2	1	2	2	1	2	2	
	M	C	2	1	1	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	
Uniondale	T	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Van Rhy's Dorp	T	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Victoria East	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Indwe (Wodehouse)	A	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Woodstock	M	E	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	
	M	C	2	2	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Worcester	A	E	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Wynberg	T	C	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	
	A	C	2	3	2	2	1	1	1	1	1	1	1	1	1	1	1	1	2	3	
	M	C	2	1	1	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3	
<i>Native Territories.</i>																					
Bizana	A	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Butterworth	A	C	1	2	1	2(d)	1	1	1	1	1	1	1	1	1	1	1	1	2	1	
	M	C	4	1	4	1(e)	1	1	1	1	1	1	1	1	1	1	1	2	1	1	
Elliot	A	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Elliotdale	A	C	4	2	4	2	1	1	1	1	1	1	1	1	1	1	1	4	2	2	
	M	C	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	
Engcobo	T	A } C	7	6	5	6	2	1	2	1	2	1	2	1	2	1	2	6	4	4	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Flagstaff	A	C	1	3	1	1	1	3	1	1	1	1	1	1	1	1	1	1	3	3	
Idutywa	A	C	7	8	6	8	1	1	1	1	1	1	1	1	1	1	1	7	8	8	
	M	C	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	2	1	2	
Kentani	T	C	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1	2	1	1	
	A	C	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	
Libode	A	C	3	1	1	4	2	1	1	1	1	1	1	1	1	1	1	2	4	4	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Lusikisiki	A	C	3	2	3	2	1	1	1	1	1	1	1	1	1	1	1	3	2	2	
Matatiele	A	C	9	5	9	5	1	1	1	1	1	1	1	1	1	1	1	9	5	5	
Mount Ayliff	A	C	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
Mount Currie (Kokstad)	A	C	7	12	5	12	2	2	2	1	2	1	2	1	2	1	2	5	10	10	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Mount Fletcher	A	C	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	M	C	1	1	1	1(f)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Mount Frere	T	C	22	4	18	4	1	1	1	1	1	1	1	1	1	1	1	22	4	4	
Mqanduli	A	C	2	3	2	2	1	1	1	1	1	1	1	1	1	1	1	2	3	3	
Ngqeleni	T	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	A	C	1	3	1	1	3	1	1	1	1	1	1	1	1	1	1	3	1	3	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Nqamakwe	M	C	6	13	5	12	1	1	1	1	1	1	1	1	1	1	1	6	13	13	
Port St. John's	T	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	A	C	2	1	1	1	2	1	2	1	2	1	2	1	2	1	2	1	1	1	
	T	C	2	3	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Qumbu	A	C	6	4	4	3	2	1	3	2	1	3	2	1	3	2	1	3	2	2	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
St. Mark's	T	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
(Cofimvaba).	A	C	3	2	1	2	2	1	1	1	1	1	1	1	1	1	1	1	2	2	
Tabankulu	T	C	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	2	2	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Tsolo	A	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Tsomo	M	C	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	
Umtata	M	C	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	
Umzimkulu	A	C	12	5	4	1	8	4	5	1	1	3	1	3	1	3	1	4	3	3	
Willowvale	A	C	4	1	1	1(g)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	M	C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Xalanga	M	C	4	1	3(h)	1	1	1	2	1	2	1	2	1	2	1	2	2	1	1	

(d) These two cases were shown by the R.M. in his 1906 Return as "Mixed."

(e) This case was omitted from R.M.'s Return for 1906.

(f) This case was shown by R.M. in 1906 Return as "Anæsthetic."

(g) This case was omitted from Return for 1906.

(h) Includes one case which was omitted by R.M. in Return for 1906.

NOTE.—The Tubercular Leper shown in the 1906 Return as remaining on the Register at Maclear, should have been shown by the R.M. as "Sent to Asylum."

Nil Returns were received from remaining Districts.

ANNEXURE “E,” TABLE 1.—Return of Outbreaks and Cases of Small-pox occurring in the Colony Proper and the Native Territories during the Year ended 31st December, 1907.

DISTRICT.	Number of Outbreaks.	CASES DISCOVERED.								TOTAL.	DEATHS.								TOTAL.	
		Unvaccinated.				Prevaccinated.					Unvaccinated.				Prevaccinated.					
		Europ.	Col.	Europ.	Col.	Europ.	Col.	Europ.	Col.		Europ.	Col.	Europ.	Col.						
TOTAL:—		M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.		
Colony Proper ...	111	21	11	122	120	10	1	69	65	419	...	...	10	7	...	...	...	...	17
Native Territories...	122	2	3	242	292	...	2	67	78	680	...	...	26	16	...	...	...	1	43
GRAND TOTAL ...	233	23	14	364	412	10	3	130	143	1099	...	...	36	23	...	...	...	1	60
Colony Proper.																				
Albert ...	6	2	5	...	...	1	...	1	3	12	...	...	...	...	...	...	...	...	...
Barkly East ...	1	...	...	2	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...
Barkly West ...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Beaufort West ...	3	...	...	...	...	...	...	2	1	3	...	...	...	...	...	...	...	...	...
Cape ...	1	...	...	2	1	1	...	6	3	13	...	...	...	...	...	...	...	...	...
Cathcart ...	1	2	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...
Maraisburg (Cradoek) ...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
East London ...	12	11	...	25	29	3	1	16	22	107	...	...	...	3	...	...	...	...	3
Fort Beaufort ...	2	...	...	1	2	...	...	...	...	3	...	...	1	...	...	...	...	...	1
Glen Grey ...	7	...	...	8	19	...	...	...	...	27	...	...	2	...	...	...	...	...	2
Jansenville ...	1	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...
Kimberley ...	2	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...
Warrenton ...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
King William's Town ...	19	2	2	17	8	...	...	6	5	40	...	...	1	3	...	...	...	...	4
Keiskama Hoek ...	1	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...
Middelrift ...	1	...	...	...	1	...	...	...	1	2	...	...	...	1	...	...	...	...	1
Komgha ...	23	4	3	27	27	4	...	13	12	90	...	...	6	...	...	...	...	...	6
Malmesbury ...	2	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...
Molteno ...	2	...	...	3	2	...	...	...	...	5	...	...	...	...	...	...	...	...	...
Paarl ...	4	...	...	7	15	...	...	15	13	50	...	...	...	...	...	...	...	...	...
Wellington ...	1	...	...	4	2	...	...	...	1	7	...	...	...	...	...	...	...	...	...
Stellenbosch ...	3	...	...	9	5	...	...	...	...	14	...	...	...	...	...	...	...	...	...
Stockenstrom ...	4	...	...	7	...	...	...	1	1	9	...	...	...	...	...	...	...	...	...
Stutterheim ...	3	...	...	4	2	...	...	...	...	6	...	...	...	...	...	...	...	...	...
Victoria East ...	1	...	...	...	2	...	...	1	...	3	...	...	...	...	...	...	...	...	...
Willowmore ...	3	...	...	1	1	...	...	2	...	4	...	...	...	...	...	...	...	...	...
Indwe (Wodehouse)...	2	...	...	1	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...
Worcester ...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Wynberg ...	2	...	...	1	2	...	...	...	1	4	...	...	...	...	...	...	...	...	...
Native Territories.																				
Butterworth ...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
Elliot ...	4	...	...	2	...	...	...	1	1	4	...	...	...	...	...	...	...	...	...
Elliotdale ...	13	2	2	30	37	...	...	2	...	*75	...	...	...	...	...	...	...	...	...
Engcobo ...	6	...	...	5	13	...	...	6	6	30	...	...	4	2	...	...	...	1	7
Idutywa ...	14	...	...	29	39	...	...	...	...	68	...	...	2	...	...	...	...	...	2
Kentani ...	28	...	...	33	33	...	...	37	55	158	...	...	2	...	...	...	...	...	2
Maclear ...	2	...	...	...	...	...	1	...	2	3	...	...	...	...	...	...	...	...	...
Mount Frere ...	1	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...
Mqanduli ...	24	...	...	78	84	...	1	1	6	*170	...	...	5	...	...	...	...	...	5
Ngqeleni ...	10	28	18	1	2	49	Not known.							
Ngamakwe ...	2	...	...	2	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...
Port St. John ...	1	...	...	1	1	...	...	...	...	2	...	...	1	1	...	...	...	...	2
Qumbu ...	1	...	...	1	12	...	...	1	1	15	...	...	...	...	...	...	...	...	...
St. Marks ...	3	...	...	5	6	...	...	...	...	11	...	...	1	...	...	...	...	...	1
Tabankulu ...	2	...	...	26	44	...	...	...	...	70	...	...	9	11	...	...	...	...	20
Willowvale ...	9	...	1	1	2	...	...	11	5	20	...	...	1	2	...	...	...	...	3
Xalanga ...	1	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1

* The District Surgeons at Elliotdale and Mqanduli state that there were also a great number of cases of Small-pox which were not reported, and that the more correct totals would be: Elliotdale, 300 cases, with 3 deaths; Mqanduli, 200 cases.

NOTE.—Nil returns were received from remaining Districts.

ANNEXURE "E," Table 2.—Return of Public Vaccination, showing for each District of the Colony Proper and the Native Territories, the number of Centres visited and the number of Vaccinations performed during the Year ended 31st December, 1907, together with the amount of Expenditure thereon.

DISTRICT.	Number of Centres at which Vaccination was performed.	Number of Persons vaccinated by the District Surgeon.	Number of Persons vaccinated by Laymen under instructions of the District Surgeon.	Total Number of Persons vaccinated.	Age.		Number of Primary Vaccinations.	Number of Re-vaccinations.	Expenditure.
					Persons over 10 years of age.	Children under 10 years of age.			
TOTAL:									£
Colony Proper ...	490	41782	30652	72434	...	...	...	...	1377·15
Native Territories...	262	77505	16881	94386	...	...	...	...	894·04
GRAND TOTAL	752	119287	47533	166820	...	...	...	...	2271·19
<i>Colony Proper.</i>									
Aberdeen ...	1	29	...	29	29	...	...	29	...
Albany ...	1	44	...	44	20	24	24	20	...
Albert ...	28	1264	...	1264	882	382	500	726	23·18
Venterstad ...	11	432	...	432	138	294	308	124	3·75
Alexandria ...	20	1595	...	1595	389	1206	1194	401	43·05
Aliwal North ...	12	770	...	770	334	436	639	131	17·85
Barkly East ...	3	72	...	72	53	19	28	44	...
Barkly West ...	1	347	...	347	277	70	287	60	52·13
Bathurst ...	2	100	...	100	...	100	100	...	1·88
Beaufort West ...	4	76	...	76	28	48	37	39	...
Britstown ...	1	10	...	10	10	...	10	...	...
Caledon ...	7	490	...	490	140	350	395	115	15·00
Calvinia ...	1	22	...	22	22	...	13	9	...
Cape ...	2	521	...	521	67	454	441	66	...
Carnarvon ...	2	67	...	67	9	58	58	9	0·75
Cathcart ...	18	672	...	672	...	...	...	...	38·30
Colesberg ...	1	50	35	85	35	50	50	35	...
Maraisburg (Cradock) ...	1	84	...	84	55	29	24	60	...
East London ...	27	398	7400	7798	5599	2199	1735	6063	43·50
Fort Beaufort...	1	35	...	35	26	9	25	10	...
George ...	12	859	...	859	45	184	856	3	26·91
Glen Grey ...	7	535	...	535	...	...	...	...	37·98
Hay ...	1	30	...	30	1	29	29	1	0·75
Herbert ...	7	115	...	115	24	91	89	26	23·48
Hope Town ...	1	229	...	229	73	156	229	...	...
Strydenburg ...	1	70	...	70	...	70	60	10	...
Humansdorp ...	2	107	...	107	1	106	107	...	3·25
Jansenville ...	1	54	...	54	32	22	26	28	19·41
Kenhardt ...	11	18	261	279	120	159	238	41	4·68
Kimberley ...	2	2116	...	2116	2015	101	531	1585	12·75
Warrenton ...	1	18	...	18	9	9	18	...	...
King William's Town ...	7	...	13572	13572	4350	6660	...	...	101·30
Keiskama Hoek ...	12	2965	...	2965	714	2251	1181	1784	45·18
Middledrift ...	17	2795	...	2795	694	2101	928	1867	56·46
Knysna ...	17	1208	...	1208	...	...	1208	...	28·75
Komgha ...	1	2621	9058	11679	...	...	...	...	107·04
Ladismith ...	4	290	...	290	46	244	290	...	8·00
Laingsburg ...	10	292	...	292	91	201	264	28	24·60
Mafeking ...	13	2476	...	2476	663	1813	2476	...	39·60
Malmesbury ...	19	1113	...	1113	351	762	1016	97	8·63
Hopefield ...	9	565	...	565	98	467	565	...	45·50
Middelburg ...	12	1055	...	1055	24	1031	1039	16	26·40
Molteno ...	2	16	...	16	...	...	16	...	10·06
Mossel Bay ...	1	425	...	425	49	376	383	42	...
Namaqualand...	1	50	...	50	45	5	20	30	...
Garies ...	6	239	...	239	17	222	222	17	16·20
Oudtshoorn ...	16	1326	...	1326	150	1176	1188	138	44·19
Paarl... ..	11	928	...	928	254	674	827	101	21·13
French Hoek ...	1	7	...	7	...	7	7	...	...
Wellington ...	1	134	...	134	52	82	34	100	...
Peddie ...	16	1268	...	1268	121	1147	1164	104	97·38
Port Elizabeth ...	1	103	...	103	79	24	43	60	...
New Brighton ...	1	50	...	50	...	50	50	...	...
Port Nolloth ...	1	57	...	57	...	57	52	5	...
Prieska ...	2	...	135	135	56	79	113	22	1·28
Queenstown ...	1	5	...	5	...	5	5	...	...
Whittlesea ...	6	237	...	237	2	235	235	2	24·98
Riversdale ...	2	57	...	57	17	40	57	...	...
Robertson ...	6	118	...	118	12	106	118	...	4·18
Simonstown ...	5	145	130	275	...	145	145	...	16·50
Somerset East...	2	98	26	124	32	92	91	33	...
Stellenbosch ...	3	206	...	206	94	112	103	103	77·50
Somerset West ...	1	15	20	35	30	5	3	32	...
Stockenstrom ...	14	1208	...	1208	133	1075	1075	133	40·38
Stutterheim ...	12	2957	...	2957	477	2480	1014	1943	56·40
Sutherland ...	1	23	...	23	1	22	23	...	...
Tarka ...	17	241	...	241	19	222	236	5	24·94
Taung ...	1	42	...	42	14	28	39	3	0·75
Tulbagh ...	1	94	...	94	...	94	85	9	...
Uitenhage ...	5	123	...	123	...	123	123	...	...
Uniondale ...	1	10	...	10	...	10	10	...	...
Van Rhynsdorp ...	1	9	...	9	...	9	9	...	...
Victoria East ...	7	2326	...	2326	...	...	...	...	34·90

ANNEXURE "E," Table 2 (continued).—Return of Public Vaccination, showing for each District of the Colony Proper and the Native Territories, the number of Centres visited and the number of Vaccinations performed during the Year ended 31st December, 1907, together with the amount of Expenditure thereon.

DISTRICT.	Number of Centres at which Vaccination was performed.	Number of Persons vaccinated by the District Surgeon.	Number of Persons vaccinated by Laymen under instructions of the District Surgeon.	Total Number of Persons vaccinated.	Age.		Number of Primary Vaccinations.	Number of Re-Vaccinations.	Expenditure.
					Persons over 10 years of age.	Children under 10 years of age.			
Colony Proper—(contd.).									
Vryburg	6	1366	...	1366	...	...	...	...	£ 24.58
Willowmore	9	269	15	284	33	101	105	29	...
Wodehouse	1	23	...	23	...	23	23	...	...
Woodstock	2	237	...	237	...	...	...	...	...
Worcester	5	404	...	404	45	359	371	33	15.94
Wynberg	10	357	...	357	12	345	357	...	5.80
Native Territories.									
Bizana	1	65	...	65	65	...	3	62	...
Butterworth	1	82	...	82	2	80	75	7	3.00
Elliot	2	118	...	118	35	83	91	27	0.38
Elliotdale	21	6732	...	6732	2321	4411	2443	4289	100.51
Engcobo	10	7510	...	7510	3659	3851	4057	3453	90.54
Idutywa	14	1660	...	1660	...	...	...	...	121.64
Kentani	59	18258	...	18258	...	...	...	...	59.50
Maclear	2	286	...	286	...	...	...	...	6.75
Mount Frere	22	8956	...	8956	4049	4907	5162	3794	119.98
Mqanduli	29	4685	203	4888	2435	2453	3502	1386	79.22
Ngqeleni	20	7928	...	7928	2802	5126	...	...	108.60
Nqamakwe	44	120	16678	16798	...	...	...	...	100.25
Port St. John's	1	37	...	37	16	21	...	37	...
Qumbu	1	43	...	43	13	20	3	40	2.00
St Mark's	2	202	...	202	119	83	43	159	...
Tabankulu	17	17425	...	17425	10785	6640	12653	4772	41.91
Tsolo	1	1209	...	1209	1209	...	...	1209	...
Isomo	1	32	...	32	32	...	10	22	...
Willowvale	9	1981	...	1981	404	1577	1577	404	51.78
Xalanga	5	176	...	176	88	88	83	93	7.98

NOTE.—Particulars as to Age, Primary Vaccinations and Re-vaccinations are in many instances unprocureable. Nil Returns were received from remaining Districts.

PUBLIC HEALTH REPORT.—ANNEXURE "E," TABLE 3.

ANNEXURE "E," TABLE 3.—Statement compiled from Returns rendered by the different Resident Magistrates, showing the Expenditure incurred during the year ended 31st December, 1907, under the Public Health Acts, in the Suppression of Small-pox in the several Districts of the Colony Proper and the Native Territories, distinguishing between (1) Expenditure incurred Directly by Local Authorities, and (2) Directly by Government.

DISTRICT.	Special Allowances or Payments to District Surgeon.	Travelling Allowances to District Surgeon.	Payments to Private Practitioners.	Payments to Nurses, Guards, Police, &c.	Cost of Provisions, Medicines and Supplies.	Cost of Construction, Purchase or Rent of Hospital Buildings, Huts, Tents, &c.	Cost of Bedding, Clothing, Furniture, Utensils and Equipment.	Transport of Patients, Supplies, &c.	Payments made in respect of Compensation for Infected Private Property destroyed.	Miscellaneous Expenses.	Total.
TOTAL :	£	£	£	£	£	£	£	£	£	£	£
1. <i>Colony Proper</i> ...	88·32	593·63	214·39	652·86	319·07	332·19	50·15	84·38	2·18	769·68	3178·07 (a)
Native Territories ...	...	...	...	6·13	...	...	...	0·30	...	...	6·43
2. <i>Colony Proper</i> ...	...	8·13	...	...	...	...	...	...	...	...	8·13
Native Territories ...	...	87·32	...	...	1·11	...	...	...	...	0·08	88·51
GRAND TOTAL ...	88·32	689·08	214·39	658·99	320·18	332·19	50·15	84·68	2·18	769·76	3281·14 (a)
1. <i>Colony Proper.</i>											
Albert ...	25·88	...	...	29·25	...	5·90	...	...	...	...	61·03
Beaufort West ...	...	...	...	...	...	...	...	...	...	...	71·22 (a)
Cape ...	...	...	200·63	433·98	155·40	(b) 59·76	29·36	71·65	...	728·38	1679·16 (d)
Cathcart ...	...	...	...	6·63	...	...	...	...	...	...	6·63
Maraisburg (Cradock) ...	3·50	3·00	...	0·95	4·08	...	...	...	...	...	11·53
East London ...	...	10·00	0·13	34·78	5·03	2·63	2·96	0·50	...	10·10	66·13
Fort Beaufort ...	...	34·98	...	...	1·70	...	...	...	...	1·08	37·76
Jansenville ...	...	...	...	...	...	...	...	...	...	16·14	16·14
Kimberley ...	...	...	...	5·00	10·00	...	...	0·50	...	...	15·50
King William's Town ...	...	66·96	...	4·30	0·18	...	...	...	...	9·53	80·97
Keiskama Hoek ...	...	4·38	...	0·88	...	...	...	...	...	...	5·26
Middelburg ...	...	11·75	...	3·50	...	...	...	...	...	...	15·25
Komgha ...	2·68	209·75	0·38	3·75	...	...	1·75	...	...	0·50	218·81
Malmesbury ...	...	9·00	...	...	...	7·25	...	...	...	...	16·25
Middelburg ...	1·13	6·00	...	...	...	...	...	...	...	...	7·13
Molteno ...	...	23·00	...	6·90	1·50	...	...	...	...	...	31·40
Paarl ...	...	28·70	10·25	32·18	16·60	...	...	1·80	...	...	89·53
Wellington ...	11·25	...	...	9·75	5·65	...	...	...	...	...	26·65
Simonstown ...	...	...	...	...	...	55·45	...	...	...	...	55·45
Stellenbosch ...	16·50	...	...	34·50	63·45	5·50	...	9·93	1·20	1·25	132·33
Stockenström ...	...	117·08	...	20·61	51·68	10·85	15·23	...	...	2·70	218·15
Stutterheim ...	...	52·90	...	7·83	2·00	...	...	...	...	...	62·73
Victoria East ...	7·13	...	...	9·17	...	...	...	...	...	...	16·30
Willowmore ...	...	16·13	...	...	...	...	...	...	...	...	16·13
Indwe (Wodehouse) ...	20·25	...	...	8·90	1·80	18·50	0·85	...	...	...	50·30
Woodstock ...	...	...	0·13	...	...	55·45	...	...	...	...	55·58
Wynberg ...	...	...	2·87	...	...	110·90	...	...	0·98	...	114·75
1. <i>Native Territories.</i>											
Elliot ...	...	...	...	6·13	...	...	...	0·30	...	...	6·43
2. <i>Colony Proper.</i>											
Herschel ...	...	0·75	...	...	...	...	...	...	...	...	0·75
Steynsburg ...	...	7·38	...	...	...	...	...	...	...	...	7·38
2. <i>Native Territories.</i>											
Engcobo ...	...	5·75	...	...	...	...	...	...	...	...	5·75
Kentani ...	...	...	...	...	0·53	...	...	...	...	...	0·53
Nqamakwe ...	...	13·38	...	...	...	...	...	...	...	0·08	13·46
Port St. Johns ...	...	1·50	...	...	...	...	...	...	...	...	1·50
Qumbu ...	...	10·00	...	...	...	...	...	...	...	...	10·00
St. Marks ...	...	20·01	...	...	0·58	...	...	...	...	...	20·59
Tabankulu ...	...	32·18	...	...	...	...	...	...	...	...	32·18
Umtata ...	...	4·50	...	...	...	...	...	...	...	...	4·50

"Nil" returns received from remaining Districts.

(a) Details not available of amount of £71·22.

(b) Includes annual contributions, amounting to £55·45, paid by Green and Sea Point Municipality and Cape Divisional Council towards Rentzkie's Farm Small-pox Hospital.

(c) Of this amount £678 represents the Interest and Sinking Fund on Loans in connection with 'Rentzkie's Farm Small-pox Hospital.

(d) Represents total expenditure, after deducting the amount of £55·45 referred to in (b), incurred in connection with the treatment of all cases of small-pox occurring in the Cape Peninsula and admitted to the Rentzkie's Farm Small-pox Hospital, as also the upkeep thereof.

NOTE.—In addition to the above total expenditure of £3,281·14, an amount of £2,271·19 (*vide* Table 2) was incurred in connection with Vaccination.

ANNEXURE "F."—Port Health Administration :—Statistics for the Calendar Year 1907, giving—(1) Particulars of Vessels dealt with and Pratique given ; (2) Infectious Diseases dealt with ; (3) Vaccinations performed, and (4) Rodents destroyed.

Port Administration :— Statistics, Calendar year 1907.	Cape Town.	Port Elizabeth.	East London.	Mossel Bay.	Knysna.	Simon's Town.	Port St. John's.	Port Nolloth.	Port Alfred.	Walfish Bay.	Total, All Ports.
(1) Vessels dealt with :—											
Sailing ships—											
Carrying passengers ...	1	5	1	...	...	...	...	...	...	...	7
Not carrying passengers ...	42	25	20	4	3	2	...	9	...	3	108
Steam ships—											
Carrying passengers ...	642	331	295	142	29	6	40	103	...	22	1610
Not carrying passengers ...	257	164	162	63	4	39	20	69	1	73	852
Total dealt with ...	942	525	478	209	36	47	60	181	1	98	2577
Pratique given by—											
Port Health Officer ...	843	512	438	204	34	42	56	81	...	96	2306
Port Officer ...	99	13	40	5	2	5	4	100	1	2	271
(2) Infectious diseases dealt with.	(a)	(b)	(c)	(d)							
Total Cases dealt with... No.	189	31	11	12	...	...	...	...	...	...	243
Enteric Fever ...	3	1	...	...	...	...	...	...	...	...	4
Small-pox ...	...	...	1	...	...	...	...	...	...	...	1
Chicken-pox ...	23	3	2	...	...	...	...	...	...	...	28
Scarlet Fever ...	15	...	...	...	...	...	...	...	...	...	15
Diphtheria ...	8	...	1	...	...	...	...	...	...	...	9
Measles ...	32	3	...	2	...	...	...	...	...	...	37
Whooping Cough ...	9	1	...	...	...	...	...	...	...	...	10
Beri-Beri ...	68	19	6	7	...	...	...	...	...	...	100
Scurvy ...	7	...	...	...	...	...	...	...	...	...	7
Tuberculosis ...	19	4	1	3	...	...	...	...	...	...	27
Erysipelas ...	4	...	...	...	...	...	...	...	...	...	4
Cerebro-Spinal Meningitis ...	1	...	...	...	...	...	...	...	...	...	1
Cases occurring on vessels—											
Vessels involved ... No.	82	15	8	7	...	...	...	...	...	...	112
Cases landed—											
For isolation in hospital ...	24	7	3	...	...	...	...	...	...	...	34
Otherwise ...	31	1	...	...	...	...	...	...	...	...	32
Cases carried on ...	123	22	7	12	...	...	...	...	...	...	164
Cases died before arrival in port	5	...	...	...	...	...	...	...	...	...	5
„ In port ...	...	1	1	...	...	...	...	...	...	...	2
Cases occurring on shore—											
Isolated in hospital ...	4	...	...	...	...	...	...	...	...	...	4
„ at home ...	2	...	...	...	...	...	...	...	...	...	2
Died ...	...	...	...	...	...	...	...	...	...	...	...
(3) Vaccinations performed :—											
European ...	3	...	2	...	...	...	...	...	...	...	5
Coloured ...	720	...	...	...	...	...	...	...	...	...	720
Total ...	723	...	2	...	...	...	...	...	...	...	725
(4) Rodents destroyed :—											
On board vessel ... Rats	597	...	...	...	...	...	...	...	...	...	597
„ „ „ „ Mice	...	...	...	...	...	...	...	...	...	...	...
Total ...	597	...	...	...	...	...	...	...	...	...	597
In Port area ... Rats	1008	2	25	...	...	...	...	...	...	...	1035
„ „ „ „ Mice	...	...	1	...	...	...	...	...	...	...	1
Total ...	1008	2	26	...	...	...	...	...	...	...	1036
Grand Total ...	1605	2	26	...	...	...	...	...	...	...	1633
Vessels searched for evidence of sus- picious sickness among rodents ...	8	...	123	...	...	...	...	...	...	...	131

(a) Including 107 Europeans, 9 Coloured and 73 Asiatics, of whom 3 Europeans were twice reported. (b) Including 9 Europeans and 22 Asiatics, of whom 5 Europeans and 9 Asiatics were twice reported. (c) Including 3 Europeans and 8 Asiatics, of whom 7 Asiatics were twice reported. (d) Including 4 Europeans and 8 Asiatics, of whom 4 Europeans and 7 Asiatics were twice reported.

ANNEXURE "G."—DEATHS AND THEIR CAUSES.

REGISTERED IN 60 CITIES AND TOWNS OF THE COLONY, DURING THE YEAR 1906.

In the following Tables the following Nomenclature of Diseases has been employed in the Classification of Diseases, except that "Hæmoptysis" has been transferred from Class V., Sub-Class 4, to "Tuberculosis" in Class I., Sub-Class 1. This Nomenclature was published for the guidance of Medical Practitioners when certifying the Cause of Death under the provisions of "The Births and Deaths Registration Act, No. 7 of 1894."

CLASS I.—DISEASES DUE TO, OR BELIEVED TO BE DUE TO, SPECIFIC ORGANISMS.

Sub-Class I.—Zymotic Diseases.

Smallpox :—

- (a) In Vaccinated Persons.
- (b) In Unvaccinated Persons.
- (c) Not stated.

Chickenpox.

Measles (Morbilli).

German Measles (Rötheln or Rubeola).

Scarlet Fever.

Typhus.

Relapsing Fever.

Influenza.

Whooping Cough.

Mumps.

Diphtheria and Membranous Croup.

Cerebro-spinal Fever (Epidemic cerebro-spinal Meningitis).

Typhoid (Enteric) Fever.

Malta Fever.

Simple Continued Fever.

Epidemic Pneumonia.

Malarial Fever :—

- (a) Intermittent Fever.
- (b) Remittent Fever.
- (c) Unspecified.

Yellow Fever.

Asiatic Cholera.

Diarrhœa.

Dysentery.

Tuberculosis :—

- (a) Phthisis (Pulmonary Consumption).
- (b) Tubercular Meningitis (Including Acute Hydrocephalus).
- (c) Tabes Mesenterica.
- (d) Other forms, including Scrofula and Lupus.

Leprosy.

Hydrophobia.

Glanders (Farcy).

Actinomycosis.

Anthrax, Splenic Fever.

Yaws.

Syphilis.

Gonorrhœa (including Stricture of Urethra, Gonorrhœal Rheumatism, Buboes, etc.).

Erysipelas, Cellulitis.

Pyæmia, Septicæmia, Malignant Oedema, Hospital Gangrene.

Puerperal Fever.

Tetanus.

Oriental or Bubonic Plague.

Beri-Beri.

Others (Specify).

Sub-Class II.—Parasitic Diseases.

Thrush, Stomatitis.

Due to Vegetable Parasites.

Hydatids.

Due to Animal Parasites.

CLASS II.—DIETETIC DISEASES AND CHRONIC POISONING.

Starvation, Want of Breast Milk.

Scurvy.

Rickets.

Intemperance :—

- (a) Delirium Tremens, Mania à Potu.
- (b) Chronic Alcoholism (including affections of special organs).

Chronic Poisons :—

- (a) Opium.
- (b) Other Drugs (Specify).
- (c) Plumbism.

Others (Specify).

CLASS III.—CONSTITUTIONAL DISEASES.

Rheumatic Fever, Rheumatism of the Heart.

Rheumatism (Subacute and Chronic).

Osteo-arthritis.

Gout.

Cancer (Malignant Disease) :—

- (a) Sarcoma.
- (b) Carcinoma.
- (c) Epithelioma.
- (d) Undefined.

Anæmia, Chlorosis, Leucocythemia.

Others (Specify).

CLASS IV.—DEVELOPMENTAL DEFECTS AND DEGENERATION.

Premature Birth.

Accidents occurring during birth.

Atelectasis.

Cyanosis (Malformation of Heart).

Spina Bifida.

Imperforate Anus.

Cleft Palate and Hare Lip.

Dentition.

Hæmorrhagic Diathesis.

Old Age (Senile Decay).

Others (Specify).

CLASS V.—LOCAL DISEASES.

Sub-Class I.—Diseases of the Nervous System.

Inflammation of the Brain or its Membranes.

Softening of Brain.

Paralysis Agitans.

Locomotor Ataxia.

Paralysis (Hemiplegia, Paraplegia).

Insanity, General Paralysis of the Insane.

Chorea.

Epilepsy.

Convulsions.

Laryngismus Stridulus (Spasmodic Croup).

Other Diseases of the Brain (Specify).

Other Diseases of the Spinal Cord (Specify).

Sub-Class II.—Diseases of the Organs of the Special Sense.

Otitis, Otorrhœa and Diseases of the Ear.

Epistaxis and Diseases of Nose.

Ophthalmia and Diseases of Eye.

Sub-Class III.—Diseases of the Circulatory System.

Heart Disease (Endocarditis and Valvular Disease).

Pericarditis.

Hypertrophy, Dilatation, Fatty Degeneration of Heart.

Angina Pectoris.

Syncope.

Cerebral Hæmorrhage (Apoplexy).

CLASS V.—LOCAL DISEASES—(continued).

Aneurism.
Senile Gangrene.
Embolism.
Varicose Veins and Hæmorrhoids.
Thrombosis and Phlebitis.
Others (Specify).

Sub-Class IV.—Diseases of the Respiratory System.

Laryngitis.
Other Diseases of the Larynx and Trachea.
Asthma, Emphysema.
Bronchitis.
Pneumonia.
Inflammation, Congestion of Lungs.
Pleurisy, Empyæma, Hydrothorax.
Hæmoptysis.
Others (Specify).

Sub-Class V.—Diseases of the Alimentary Canal.

Tonsillitis (Quinsy).
Dyspepsia.
Diseases of Stomach.
Hæmatemesis.
Enteritis, Gastro-Enteritis.
Appendicitis.
Ulceration, Perforation of Intestine.
Melæna.
Obstruction, Ileus of Intestine.
Stricture or Strangulation of Intestine.
Intussusception of Intestine.
Hernia.
Fistula.
Peritonitis.
Others (Specify).

Sub-Class VI.—Diseases of the Liver.

Cirrhosis of Liver.
Abscess of Liver.
Jaundice.
Gallstones.
Ascites.
Diabetes Mellitus.
Others (Specify).

Sub-Class VII.—Diseases of the Lymphatic System and Ductless Glands.

Diseases of the Lymphatic System.
Leuchæmia.
Diseases of Spleen.
Bronchocele, Goitre.
Myxœdema.
Addison's Disease.
Others (Specify).

Sub-Class VIII.—Diseases of the Urinary System and Organs of Generation.

Acute Nephritis.
Chronic Nephritis, Bright's Disease, Albuminuria.
Uræmia.
Suppression of Urine.
Calculus.
Hæmaturia.
Diseases of Bladder and Prostate.
Ovarian Disease.
Diseases of Uterus and Vagina.
Disorders of Menstruation.
Pelvic Abscess.
Perineal Abscess.
Diseases of Testes, Penis and Scrotum.
Others (Specify).

Sub-Class IX.—Diseases of Parturition.

Abortion, Miscarriage.
Puerperal Mania.
Puerperal Convulsions.
Placenta Prævia, Flooding.
Phlegmasia Alba Dolens.
Other Accidents or Diseases of Child Birth (Specify).

Sub-Class X.—Diseases of the Bones and Joints.

Caries, Necrosis.
Arthritis, Ostitis, Periostitis.
Others (Specify).

Sub-Class XI.—Diseases of the Integumentary System.

(Specify).

CLASS VI.—VIOLENCE.

Sub-Class I.—Accident or Negligence.

Falls.
Crushed.
Run Over.
Machinery.
Explosion.
Gunshot Wounds.
Cuts, Stabs.
Burn, Scald.
Lightning.
Exposure to Heat, Sunstroke, Insolation.
Exposure to Cold or Weather.
Drowning.
Suffocation.
Poisons and Poisonous Vapours (Specify Poison).
Bite of Snake or Insect (Specify).
Otherwise (Specify).

Sub-Class II.—Suicide.

Gunshot Wounds.
Cut, Stab.
Poisons and Poisonous Vapours (Specify Poison).
Drowning.
Hanging, Suffocation.
Falls.
Run Over.
Otherwise (Specify).

Sub-Class III.—Homicide.

(Murder, Manslaughter).

Sub-Class IV.—

Execution.

*CLASS VII.—ILL-DEFINED OR NOT SPECIFIED.

Dropsy, Anasarca.
Debility, Atrophy, Inanition.
Mortification, Gangrene (Not Senile or Hospital).
Tumour (kind or situation unspecified).
Vomiting.
Abscess.
Hæmorrhage.
Sudden Deaths (cause unascertained).
"Natural Causes."
Other Ill-Defined or not Specified.

* The Medical Practitioner should, as far as possible, avoid the certification of the indefinite causes of death given in this group.

ANNEXURE “G.”—Table 1, showing for the Calendar Year, 1906, the number of Deaths registered, distinguishing (a) European and Coloured, (b) Male and Female, and (c) Certified and Uncertified in 60 Cities and Towns.

TOWNS.	Europeans.							Coloured.							All Races.						
	Certified.			Uncertified.			Total.	Certified.			Uncertified.			Total.	Certified.			Uncertified.			Total.
	M	F	P	M	F	P		M	F	P	M	F	P		M	F	P	M	F	P	
Total for 60 Cities and Towns	1751	1379	3130	51	33	84	3214	4177	3132	7309	685	722	1407	8716	5928	4511	10439	736	755	1491	11930
1. Cape Town	293	177	470	...	...	...	470	549	533	1082	1	...	1	1083	842	710	1552	1	...	1	1553
2. Green and Sea Point	24	33	57	...	...	...	57	8	12	20	...	...	...	20	32	45	77	...	...	...	77
3. Woodstock	159	128	287	2	...	2	289	158	165	323	4	3	7	330	317	293	610	6	3	9	619
4. Maitland	19	14	33	...	...	...	33	70	80	150	1	6	7	157	89	94	183	1	6	7	190
5. Mowbray	20	23	43	1	...	1	44	34	32	66	...	1	1	67	54	55	109	1	1	2	111
6. Rondebosch	21	14	35	...	...	...	35	23	27	50	1	...	1	51	44	41	85	1	...	1	86
7. Claremont	50	27	77	...	1	1	78	111	101	212	2	2	4	216	161	128	289	2	3	5	294
8. Wynberg	72	48	120	2	...	2	122	140	117	257	...	1	1	258	212	165	377	2	1	3	380
9. Simons Town	21	7	28	...	...	...	28	26	19	45	2	...	2	47	47	26	73	2	...	2	75
10. Kalk Bay—Muizenberg	9	6	15	...	...	...	15	10	18	28	...	1	1	29	19	24	43	...	1	1	44
11. Kimberley	127	101	228	5	1	6	234	467	207	674	23	23	46	720	594	308	902	28	21	52	954
12. Beaconsfield	26	21	47	1	...	1	48	755	79	834	23	16	39	873	781	100	881	24	16	40	921
13. Port Elizabeth	145	126	271	2	...	2	273	183	191	374	4	3	7	381	328	317	645	6	3	9	654
14. East London	104	58	162	3	1	4	166	83	64	147	20	17	37	184	187	122	309	23	18	41	350
15. Cambridge	7	10	17	...	...	...	17	9	9	18	3	...	3	21	16	19	35	3	...	3	38
16. Grahamstown	36	45	81	4	2	6	87	84	78	162	44	48	92	254	120	123	243	48	50	98	341
17. Uitenhage	38	34	72	6	2	8	80	93	87	180	47	48	95	275	131	121	252	53	50	103	355
18. Paarl	29	33	62	1	1	2	64	117	98	215	14	6	20	235	146	131	277	15	7	22	299
19. Graaff-Reinet	26	43	69	2	1	3	72	84	101	185	15	18	33	218	110	144	254	17	19	36	290
20. Queen's Town	33	22	55	...	...	...	55	81	103	184	4	7	11	195	114	125	239	4	7	11	250
21. King William's Town	36	45	81	1	1	2	83	29	22	51	27	35	62	113	65	67	132	28	36	64	196
22. Oudtshoorn	32	34	66	...	...	...	66	84	71	155	17	26	43	198	116	105	221	17	26	43	264
23. Worcester	15	25	40	1	2	3	43	84	66	150	30	36	66	216	99	91	190	31	38	69	259
24. Cradock	39	24	63	...	2	2	65	42	40	82	35	28	63	145	81	64	145	35	30	65	210
25. Middelburg	26	14	40	1	1	2	42	55	70	125	38	33	71	196	81	84	165	39	34	73	238
26. Aliwal North	20	8	28	...	1	1	29	51	28	79	7	6	13	92	71	36	107	7	7	14	121
27. Beaufort West	22	14	36	...	...	...	36	58	60	118	20	28	48	166	80	74	154	20	28	48	202
28. Somerset East	13	23	36	...	...	...	36	64	59	123	11	16	27	150	77	82	159	11	16	27	186
29. Stellenbosch	12	14	26	2	...	2	28	49	60	109	8	6	14	123	61	74	135	10	6	16	151
30. Wellington	14	10	24	...	1	1	25	38	33	71	6	4	10	81	52	43	95	6	5	11	106
31. Mossel Bay	15	11	26	1	...	1	27	36	34	70	8	12	20	90	51	45	96	9	12	21	117
32. Malmesbury	15	8	23	1	...	1	24	36	21	57	2	2	4	61	51	29	80	3	2	5	85
33. Caledon	10	9	19	...	1	1	20	12	13	25	...	...	...	25	22	22	44	...	1	1	45
34. George	11	10	21	1	1	2	23	22	23	45	5	5	10	55	33	33	66	6	6	12	78
35. De Aar	8	6	14	...	...	...	14	29	33	62	2	5	7	69	37	39	76	2	5	7	83
36. Robertson	13	14	27	...	...	...	27	17	19	36	13	11	24	60	30	33	63	13	11	24	87
37. Somerset West Strand	10	7	17	1	1	2	19	29	17	46	4	3	7	53	39	24	63	5	4	9	72
38. Kokstad	5	2	7	1	1	2	9	24	23	47	2	2	4	51	29	25	54	3	3	6	60
39. Vryburg	5	9	14	1	1	2	16	6	7	13	25	35	60	73	11	16	27	26	36	62	89
40. Burgersdorp	9	9	18	1	2	3	21	10	19	29	13	14	27	56	19	28	47	14	16	30	77
41. Molteno	14	8	22	1	...	1	23	26	21	47	13	18	31	78	40	29	69	14	18	32	101
42. Mafeking	12	5	17	...	...	...	17	12	3	15	11	6	17	32	24	8	32	11	6	17	49
43. Victoria West	15	7	22	...	...	...	22	19	18	37	12	8	20	57	34	25	59	12	8	20	79
44. Colesberg	14	7	21	...	...	...	21	43	30	73	4	...	4	77	57	37	94	4	...	4	98
45. Riversdale	5	9	14	...	...	...	14	21	22	43	6	1	7	50	26	31	57	6	1	7	64
46. Somerset West	9	6	15	...	2	2	17	12	21	33	6	7	13	46	21	27	48	6	9	15	63
47. Indwe	6	3	9	...	...	...	9	11	7	18	19	18	37	55	17	10	27	19	18	37	64
48. Aberdeen	16	10	26	2	2	4	30	16	12	28	16	8	24	52	32	22	54	18	10	28	82
49. Peelton	...	...	...	...	...	...	...	1	1	2	32	43	75	77	1	1	2	32	43	75	77
50. Upington	2	4	6	2	...	2	8	15	9	24	16	29	45	69	17	13	30	18	29	47	77
51. Ceres	4	4	8	...	...	...	8	29	30	59	...	4	4	63	33	34	67	...	4	4	71
52. Swellendam	3	2	5	...	1	1	6	9	9	18	2	3	5	23	12	11	23	2	4	6	29
53. Umtata	3	3	6	1	...	1	7	11	7	18	3	6	9	27	14	10	24	4	6	10	34
54. Bedford	3	7	10	...	1	1	11	2	1	3	18	18	36	39	5	8	13	18	19	37	50
55. Tarkastad	11	6	17	...	1	1	18	6	8	14	17	17	34	48	17	14	31	17	18	35	66
56. Steynsburg	11	15	26	...	...	...	26	9	18	27	3	6	9	36	20	33	53	3	6	9	62
57. Willowmore	7	3	10	2	2	4	14	23	23	46	3	...	3	49	30	26	56	5	2	7	63
58. O'okiep	3	...	3	1	...	1	4	16	21	37	22	21	43	80	19	21	40	23	21	44	84
59. Dordrecht	10	8	18	...	...	...	18	13	12	25	1	...	1	26	23	20	43	1	...	1	44
60. Richmond	14	6	20	1	...	1	21	23	20	43	...	2	2	45	37	26	63	1	2	3	66

DEATHS AND THEIR CAUSES IN 60 CITIES AND TOWNS COMBINED, 1906.

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ANNEXURE "G."—Table 2, showing for Calendar Year 1906, in regard to 60 Cities and Towns combined the number of Deaths registered from certain specified Diseases and from All Other Diseases, distinguishing (a) Certified and Uncertified Deaths, (b) European and Coloured, and (c) Males and Females.

Class No.	Sub-Class No.	DISEASES.	European.						Coloured.						All Races.							
			Certified.			Uncertified.			Total.	Certified.			Uncertified.			Total.	Certified.			Uncertified.			Total.
Totals of Classes—			M	F	P	M	F	P		M	F	P	M	F	P		M	F	P	M	F	P
I.	1	Specific Organisms ..	459	315	774	6	8	11	788	1314	1202	2516	219	219	438	2954	1773	1517	3290	225	227	452
III.	2	Parasitic ..	2	5	7	1	..	1	8	16	12	28	1	..	1	29	18	17	35	2	..	2
IV.		Constitutional ..	108	104	212	2	1	3	215	59	58	117	6	10	16	133	167	162	329	8	11	19
		Developmental Defects and Degeneration ..	111	111	222	12	7	19	241	183	179	362	69	62	131	493	294	290	584	81	69	150
V.	1	Nervous System ..	132	97	229	11	3	14	243	219	180	399	93	89	182	581	351	277	628	104	92	196
	3	Circulatory System ..	229	194	423	4	1	5	428	238	217	455	15	20	35	490	467	411	878	19	21	40
	4	Respiratory System ..	179	151	330	6	5	11	341	1295	631	1926	182	225	407	2333	1474	782	2256	188	230	418
	5	Alimentary Canal ..	232	215	447	3	1	4	451	457	419	876	43	49	92	968	689	634	1323	46	50	96
	6	The Liver ..	42	20	62	..	1	1	63	31	17	48	3	2	5	53	73	37	110	3	3	6
	8	Urinary System and Organs of Generation ..	71	54	125	..	1	1	126	71	49	120	9	6	15	135	142	102	245	9	7	16
	9	Parturition ..	..	33	33	..	1	1	34	..	34	34	..	4	4	38	..	67	67	..	5	5
VI.		Violence ..	97	24	121	2	..	2	123	150	45	195	3	3	6	201	247	69	316	5	3	8
VII.		Ill defined or not specified ..	35	25	60	3	3	6	66	70	39	109	36	29	65	174	105	64	169	39	32	71
V.	2, 7, 10, 11	All Other Diseases ..	54	31	85	1	1	2	87	74	50	124	6	4	10	134	128	81	209	7	5	12
		Total All Diseases ..	1751	1379	3130	51	33	84	3214	1177	3132	7309	685	722	1407	8716	5928	4511	10439	736	755	1491
Diseases in Detail—																						
I.	1	Small-pox ..	1	..	1	..	..	..	1	..	6	6	..	..	..	6	1	6	7	..	..	7
		Chicken-pox ..	1	1	2	..	..	..	1	..	2	2	..	..	..	2	1	3	4	..	..	4
		Measles ..	35	37	72	1	2	3	75	109	114	223	25	25	50	273	144	151	295	26	27	53
		Rotheln ..	..	2	2	..	..	..	2	..	..	..	..	..	..	..	2	2	..	..	..	2
		Scarlet Fever ..	..	4	4	..	..	..	4	1	2	3	..	..	..	3	1	6	7	..	..	7
		Influenza ..	8	13	21	..	1	1	22	10	6	16	8	7	15	31	18	19	37	8	8	16
		Whooping Cough ..	24	20	44	1	1	2	46	38	48	86	17	19	36	122	62	68	130	18	20	38
		Diphtheria and Membranous Croup ..	17	19	36	..	..	..	36	11	19	30	4	3	7	37	28	38	66	4	3	7
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever ..	58	28	86	..	..	..	86	56	33	89	4	8	12	101	114	61	175	4	8	12
		Diarrhoea and Dysentery ..	64	49	113	2	2	4	117	231	193	424	80	65	145	569	295	242	537	82	67	149
		Tuberculosis, including Hemoptysis ..	215	118	333	2	2	4	337	734	682	1416	70	85	155	1571	949	800	1749	72	87	159
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene ..	18	11	29	..	..	..	29	45	22	67	..	1	1	68	63	33	96	..	1	1
		Puerperal Fever ..	..	5	5	..	..	..	5	..	17	17	..	..	..	17	..	22	22	..	..	22
		Beri-Beri ..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	1	..	1	..	..	1
		Others ..	18	8	26	..	..	..	26	78	58	136	11	6	17	153	96	66	162	11	6	17
	2	Thrush, Stomatitis ..	1	3	4	..	..	..	4	7	7	14	..	..	..	14	8	10	18	..	..	18
		From other Vegetable and Animal Parasites ..	1	2	3	1	..	1	4	9	5	14	1	..	1	15	10	7	17	2	..	19
III.		Cancer (Malignant Disease) ..	98	91	189	1	1	2	191	42	43	85	2	6	8	93	140	134	274	3	7	10
		Others ..	10	13	23	1	..	1	24	17	15	32	4	4	8	40	27	28	55	5	4	9
IV.		Premature Birth and Accidents during Birth ..	65	52	117	9	4	13	136	113	100	213	37	27	61	277	178	152	330	46	31	77
		Malformations ..	17	17	34	1	..	1	35	24	13	37	..	1	1	38	41	30	71	1	1	2
		Dentition ..	2	9	11	..	..	..	11	8	16	24	6	4	10	34	10	25	35	6	4	10
		Old Age (Senile Decay) ..	20	22	42	1	3	4	46	22	34	56	25	27	52	108	42	56	98	26	30	56
		Others ..	7	11	18	1	..	1	19	16	16	32	1	3	4	36	23	27	50	2	3	5
V.	1	Acute Inflammation of the Brain and its Membranes ..	42	36	78	..	..	..	78	78	49	127	3	4	7	134	120	85	205	3	4	7
		Convulsions ..	25	21	46	11	2	13	59	76	82	158	83	80	163	321	101	103	204	94	82	176
		Others ..	65	40	105	..	1	1	106	65	49	114	7	5	12	126	130	89	219	7	6	13
	3	Heart Disease, Organic, Degeneration, Syncope ..	163	120	283	3	1	4	286	177	155	332	9	15	24	356	340	275	615	12	16	28
		Apoplexy ..	37	49	86	1	..	1	87	33	52	85	6	4	10	95	70	101	171	7	4	11
		Others ..	29	25	54	..	..	..	54	28	10	38	..	1	1	39	57	35	92	..	1	1
	4	Bronchitis ..	52	54	106	1	3	4	110	263	224	487	72	101	173	660	315	278	593	73	104	177
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy ..	118	87	205	5	2	7	212	1016	398	1414	104	119	223	1637	1134	485	1619	109	121	230
		Others ..	9	10	19	..	..	..	19	16	9	25	6	5	11	36	25	19	44	6	5	11
	5	Enteritis, Gastro-Enteritis, Marasmus ..	206	180	386	2	1	3	389	421	395	816	40	46	86	902	627	575	1202	42	47	89
		Others ..	26	35	61	1	..	1	62	36	24	60	3	3	6	66	62	59	121	4	3	7
	6	The Liver ..	42	20	62	..	1	1	63	31	17	48	3	2	5	53	73	37	110	3	3	6
	8	Bright's Disease, Nephritis, Uremia ..	49	41	90	..	..	..	90	60	35	95	4	5	9	104	109	76	185	4	5	9
		Others ..	22	13	35	..	1	1	36	11	14	25	5	1	6	31	33	27	60	5	2	7
	9	Parturition ..	..	33	33	..	1	1	34	..	34	34	..	4	4	38	..	67	67	..	5	5
VI.		Violence ..	97	24	121	2	..	2	123	150	45	195	3	3	6	201	247	69	316	5	3	8
VII.		Debility, Atrophy, Inanition ..	27	20	47	2	3	5	52	63	31	94	22	19	41	135	90	51	111	24	22	46
		Others ..	8	5	13	1	..	1	11	7	8	15	14	10	24	39	15	13	28	15	10	25
II.	2, 7, 10, 11	All other Diseases ..	54	31	85	1	1	2	87	74	50	124	6	4	10	134	128	81	209	7	5	12

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) Europeans and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	1. CAPE TOWN.									2. GREEN AND SEA POINT.										
			European.			Coloured.			All Races.			European.			Coloured.			All Races.				
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P		
I.	1	Specific Organisms			70	34	104	183	196	379	253	230	483	6	4	10	1	2	3	7	6	13
III.	2	Parasitic .. ..			..	..	..	1	2	3	1	2	3	..	..	..	..	..	..	..	..	..
	3	Constitutional			23	16	39	11	7	18	34	23	57	1	7	8	..	1	1	1	8	9
IV.	4	Developmental Defects and Degen- eration			12	15	27	45	42	87	57	57	114	1	3	4	1	2	3	2	5	7
V.	1	Nervous System			22	17	39	45	47	92	67	64	131	1	1	2	..	1	1	1	2	3
	3	Circulatory System			60	27	87	49	48	97	109	75	184	6	5	11	..	..	..	6	5	11
	4	Respiratory System			22	16	38	102	94	196	124	110	234	4	3	7	2	1	3	6	4	10
	5	Alimentary Canal			32	29	61	65	63	128	97	92	189	1	3	4	1	3	4	2	6	8
	6	The Liver			7	2	9	5	2	7	12	4	16	1	1	2	..	..	..	1	1	2
VI.	8	Urinary System and Organs of Generation			8	5	13	6	10	16	14	15	29	1	4	5	..	..	..	1	4	5
	9	Parturition .. ..			..	5	5	..	2	2	..	7	7	..	..	..	..	..	..	..	..	..
	VII.	Violence			22	5	27	13	5	18	35	10	45	1	..	1	2	..	2	3	..	3
II.		Ill defined or not specified			6	1	7	14	4	18	20	5	25	..	1	1	1	1	2	1	2	3
V.	2, 7, 10, 11	All Other Diseases			9	5	14	11	11	22	20	16	36	1	1	2	..	1	1	1	2	3
Total			293	177	470	550	533	1083	843	710	1553	24	33	57	8	12	20	32	45	77		
<i>Diseases in Detail—</i>																						
I.	1	Small-pox .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..
		Chicken-pox .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..
		Measles	4	4	8	15	20	35	19	24	43	..	..	..	..	..	..	..	..	..	..	..
		Influenza .. ..	..	..	..	1	1	2	1	1	2	..	1	1	..	..	..	..	..	1	1	..
		Whooping Cough	3	2	5	3	8	11	6	10	16	..	1	1	..	..	..	..	..	1	1	..
		Diphtheria and Membranous Croup	2	4	6	2	4	6	4	8	12	..	..	..	..	..	..	..	..	..	..	..
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever. Diarrhoea and Dysentery	5	3	8	28	24	52	33	27	60	..	2	2	..	..	..	..	..	2	2	..
		Tuberculosis, including Hæmop- tysis	52	14	66	116	124	240	168	138	306	3	..	3	1	..	1	4	..	..	4	..
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene	1	..	1	3	2	5	4	2	6	..	..	..	..	1	1	..	1	1	1	..
		Puerperal Fever .. ..	..	2	2	..	5	5	..	7	7	..	..	..	..	..	..	..	..	..	..	..
III.	2	Beri-Beri .. ..	..	..	..	1	..	1	1	..	1	..	1	..	..	..	..	..	..	..	..	..
		Others	3	3	6	10	5	15	13	8	21	..	..	..	..	1	1	..	1	1	..	..
		Thrush, Stomatitis .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..
		From other Vegetable and Animal Parasites .. ..	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..
		Cancer (Malignant Disease)	21	14	35	8	6	14	29	20	49	1	5	6	..	1	1	1	6	7	..	..
		Others	2	2	4	3	1	4	5	3	8	..	2	2	..	..	..	..	2	2	..	..
		Premature Birth and Accidents during Birth	7	9	16	28	25	53	35	34	69	1	1	2	1	1	2	2	2	4	..	..
		Malformations	2	2	4	9	4	13	11	6	17	..	1	1	..	..	..	..	1	1	..	..
		Dentition .. ..	..	..	..	2	2	4	2	2	4	..	..	..	..	..	..	..	..	..	..	..
		Old Age (Senile Decay)	3	2	5	2	8	10	5	10	15	..	1	1	..	..	..	..	1	1	..	..
V.	1	Others .. ..	..	2	2	4	3	7	4	5	9	..	..	..	..	1	1	..	1	1	..	..
		Acute Inflammation of Brain and its Membranes.	5	5	10	18	14	32	23	19	42	..	..	..	..	1	1	..	1	1	..	..
		Convulsions	3	5	8	16	23	39	19	28	47	..	1	1	..	..	..	..	1	1	..	..
		Others	14	7	21	11	10	21	25	17	42	1	..	1	..	..	..	1	..	1	..	
		Heart Disease, Organic, De- generation, Syncope.	43	15	58	33	28	61	76	43	119	2	2	4	..	..	..	2	2	4	..	..
		Apoplexy	10	7	17	10	17	27	20	24	44	4	2	6	..	..	..	4	2	6	..	..
		Others	7	5	12	6	3	9	13	8	21	..	1	1	..	..	..	..	1	1	..	..
		Bronchitis	7	8	15	33	40	73	40	48	88	2	1	3	..	..	..	2	1	3	..	..
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy.	14	7	21	68	51	119	82	58	140	2	1	3	2	..	2	4	1	5	..	..
		Others	1	1	2	1	3	4	2	4	6	..	1	1	..	1	1	..	2	2	..	..
VI.	5	Enteritis, Gastro-Enteritis, Ma- rasmus	25	22	47	57	60	117	82	82	164	1	2	3	1	3	4	2	5	7	..	..
		Others	7	7	14	8	3	11	15	10	25	..	1	1	..	..	..	..	1	1	..	..
		The Liver	7	2	9	5	2	7	12	4	16	1	1	2	..	..	..	1	1	2	..	..
		Bright's Disease, Nephritis, Uræmia	3	3	6	6	8	14	9	11	20	1	2	3	..	..	..	1	2	3	..	..
		Others	5	2	7	..	2	2	5	4	9	..	2	2	..	..	..	..	2	2	..	..
		Parturition .. ..	..	5	5	..	2	2	..	7	7	..	..	..	..	..	..	..	..	..	..	..
		Violence	22	5	27	13	5	18	35	10	45	1	..	1	2	..	2	3	..	3	..	..
		Debility, Atrophy, Inanition	5	1	6	12	2	14	17	3	20	..	1	1	..	..	..	..	1	1	..	..
		Others	1	..	1	2	2	4	3	2	5	..	..	..	1	1	2	1	1	2	..	..
		II.		All other Diseases			9	5	14	11	11	22	20	16	36	1	1	2	..	1	1	2	3

Class No.	Sub-Class No.	DISEASES.	3. WOODSTOCK.									4. MAITLAND.										
			European.			Coloured.			All Races.			European.			Coloured.			All Races.				
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P		
I.	1	Specific organisms.. ..			44	27	71	51	53	104	95	80	175	2	6	8	28	32	60	30	38	68
	2	Parasitic .. ..			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
III.	3	Constitutional			13	4	17	2	2	4	15	6	21	1	..	1	..	..	1	..	1	..
IV.	4	Developmental Defects and Degera- tion			11	9	20	6	7	13	17	16	33	2	3	5	2	7	9	4	10	14
V.	1	Nervous System			11	4	15	4	6	10	15	10	25	3	..	3	4	9	13	7	9	16
	3	Circulatory System			9	23	32	11	8	19	20	31	51	5	..	5	3	5	8	8	5	13
	4	Respiratory System			15	10	25	33	38	71	48	48	96	..	1	1	21	17	38	21	18	39
	5	Alimentary Canal			31	33	64	38	43	81	69	76	145	3	4	7	5	11	16	8	15	23
	6	The Liver			5	5	10	..	2	2	5	7	12	1	..	1	1	..	1
VI.	8	Urinary System and Organs of Generation			8	3	11	5	4	9	13	7	20	..	..	..	..	2	2	..	2	2
	9	Parturition .. ..			..	3	3	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..
	VII.	Violence			4	1	5	6	2	8	10	3	13	2	..	2	4	2	6	6	2	8
II.		Ill defined or not specified			5	4	9	5	2	7	10	6	16	..	..	..	3	1	4	3		

Uncertified Deaths :—CAPE TOWN: Convulsions, 1 C.
(Included above) GREEN AND SEA POINT: Nil.
WOODSTOCK: Measles, 2 C; Diarrhoea, 1 C; Premature Birth, 1 C; Dentition, 1 C; Convulsions, 1 E;
Syncope, 1 C; Pneumonia, 1 C; All Other Diseases, 1 E. Total: 2 E and 7 C; All Races, 9.
MAITLAND: Measles, 1 C; Tuberculosis, 2 C; Old Age, 1 C; Convulsions, 1 C; Bronchitis, 1 C; Violence,
1 C. Total: 7 C.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) Europeans and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	3. WOODSTOCK—(continued).									4. MAITLAND—(continued).											
			European.			Coloured.			All Races.			European.			Coloured.			All Races.					
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P			
I.	1	<i>Diseases in Detail—</i>																					
		Small-pox	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...
		Measles	...	...	...	8	6	14	21	13	34	29	19	48	...	1	1	1	1	2	1	2	3
		Scarlet Fever	...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...
		Influenza	...	...	...	1	...	1	1	...	1	2	...	2	...	...	...	...	...	...	...	...
		Diphtheria and Membranous Croup	...	...	...	5	5	10	...	...	...	5	5	10	...	...	...	...	...	...	...	...	...
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	...	...	...	2	1	3	2	1	3	4	2	6	...	...	...	...	...	...	...	...	...
		Diarrhoea and Dysentery	...	...	...	2	4	6	5	5	10	7	9	16	...	3	3	11	11	22	11	14	25
		Tuberculosis, including Hemoptysis	...	...	...	21	9	30	22	29	51	43	38	81	1	2	3	10	20	30	11	22	33
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene	...	...	...	1	...	1	...	2	2	1	2	3	1	...	1	1	...	1	2	...	2
III.		Others	...	...	...	4	1	5	...	2	2	1	3	7	...	...	...	5	...	5	5	...	5
		Cancer (Malignant Disease)	...	...	...	12	3	15	2	1	3	14	1	18	1	...	1	...	...	...	1	...	1
		Others	...	...	...	1	1	2	...	1	1	1	2	3	...	...	...	...	...	...	...	...
IV.		Premature Birth and Accidents during Birth	...	...	...	6	3	9	3	4	7	9	7	16	2	1	3	1	4	5	3	5	8
		Malformations	...	...	...	2	2	4	1	2	3	3	4	7	...	...	...	...	...	...	...	...	...
		Dentition	...	...	...	1	1	2	1	1	2	2	2	4	...	...	...	...	...	...	...	...	...
V.	1	Old Age (Senile Decay)	...	...	...	...	3	3	...	...	...	...	3	3	...	2	2	...	3	3	...	5	5
		Others	...	...	...	2	...	2	1	...	1	3	...	3	...	...	...	1	...	1	1	...	1
		Acute Inflammation of the Brain and its Membranes	...	...	...	6	1	7	3	2	5	9	3	12	...	...	...	...	1	1	...	1	1
		Convulsions	...	...	...	2	1	3	1	2	3	3	3	6	1	...	1	4	7	11	5	7	12
		Others	...	...	...	3	2	5	...	2	2	3	1	7	2	...	2	...	1	1	2	1	3
		Heart Disease, Organic, Degeneration, Syncope	...	...	...	5	13	18	8	6	14	13	19	32	3	...	3	2	1	6	5	1	9
		Apoplexy	...	...	...	3	8	11	1	2	3	4	10	14	1	...	1	...	1	1	1	1	2
		Others	...	...	...	1	2	3	2	...	2	3	2	5	1	...	1	1	...	1	2	...	2
		Bronchitis	...	...	...	6	2	8	17	17	31	23	19	42	...	1	1	18	11	29	18	12	30
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	...	...	...	8	8	16	16	21	37	24	29	53	...	...	...	3	6	9	3	6	9
VI.	1	Others	...	...	...	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
		Enteritis, Gastro-Enteritis, Marasmus	...	...	...	30	30	60	37	40	77	67	70	137	2	3	5	4	10	14	6	13	19
		Others	...	...	...	1	3	4	1	3	4	2	6	8	1	1	2	1	1	2	2	2	4
		The Liver	...	...	...	5	5	10	...	2	2	5	7	12	...	...	...	1	...	1	1	...	1
		Bright's Disease, Nephritis, Uræmia	...	...	...	6	3	9	5	2	7	11	5	16	...	...	...	...	1	1	...	1	1
		Others	...	...	...	2	...	2	...	2	2	2	2	4	...	...	...	...	1	1	...	1	1
		Parturition	...	...	...	...	3	3	...	...	...	...	3	3	...	...	...	...	...	...	...	...	...
		Violence	...	...	...	4	1	5	6	2	8	10	3	13	2	...	2	4	2	6	6	2	8
		Debility, Atrophy, Inanition	...	...	...	5	4	9	4	1	5	9	5	14	...	...	...	3	1	4	3	1	4
		Others	...	...	...	...	...	...	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...
VII.		All other Diseases	...	...	...	5	2	7	1	1	2	6	3	9	1	...	1	...	...	...	1	...	1
II.																							
V.	2, 7, 10, 11																						

Class No.	Sub-Class No.	DISEASES.	5. MOWBRAY.									6. RONDEBOSCH.											
			European.			Coloured.			All Races.			European.			Coloured.			All Races.					
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P			
I.	1	<i>Classes of Disease.</i>																					
		Specific Organisms	...	...	...	1	4	5	14	7	21	15	11	26	...	3	3	6	8	14	6	11	17
III.	2	Parasitic	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...
		Constitutional	...	...	...	...	6	11	2	1	3	7	14	1	...	1	...	...	...	...	...	...
IV.		Developmental Defects and De-	...	...	...	5	2	7	2	3	5	7	5	12	3	2	5	5	1	6	8	3	11
		generation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
V.	1	Nervous System	...	...	...	1	...	1	1	2	3	2	2	4	2	2	4	1	2	3	3	4	7
		Circulatory System	...	...	...	2	4	6	3	4	7	5	8	13	4	2	6	...	2	2	4	4	8
		Respiratory System	...	...	...	2	1	3	4	7	11	6	8	14	1	1	2	7	6	13	8	7	15
		Alimentary Canal	...	...	...	3	2	5	3	7	10	6	9	15	2	1	3	1	6	7	3	7	10
		The Liver	...	...	...	2	...	2	2	...	2	4	...	4	2	1	3	...	...	...	2	1	3
		Urinary System and Organs of	...	...	...	...	3	3	...	1	1	...	4	4	5	1	6	...	2	2	5	3	8
		Generation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Parturition	...	...	...	...	1	1	...	1	1	...	2	2	...	...	...	...	...	...	...	...	...
VI.		Violence	...	...	...	...	...	...	1	...	1	...	1	...	...	...	2	...	2	...	2	...	2
		Ill-defined or not specified	...	...	...	...	...	...	1	...	1	...	1	...	...	...	2	...	2	...	2	...	2
VII.		All other Diseases	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	1	1	2	
II.	2, 7, 10, 11																						
V.																							
I.	1	<i>Diseases in Detail—</i>																					
		Measles	...	...	...	...	1	1	3	2	5	3	3	6	...	1	1	...	3	3	...	4	4
		Whooping Cough	...	...	...	...	...	...	2	...	2	...	2	...	...	...	1	...	1	...	1	...	1
		Diphtheria and Membranous Croup	...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
		Diarrhoea and Dysentery	...	...	...	...	...	...	3	...	3	...	3	...	1	1	1	1	1	2	1	2	3
		Tuberculosis, including Hemoptysis	...	...	...	1	2	3	5	5	10	6	7	13	...	1	1	4	4	8	4	5	9

Uncertified Deaths :—MOWBRAY: Pneumonia, &c., 1 E; Inflammation of Brain, 1 C; Total: 1 E and 1 C.
(Included above) RONDEBOSCH: Premature Birth, 1 C.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) Europeans and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	5. MOWBRAY.—(Continued).									6. RONDEBOSCH.—(Continued).								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.
		<i>Diseases in Detail—</i>																		
		Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
	2	From other Vegetable and Animal Parasites	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
III.		Cancer (Malignant Disease)	4	5	9	2	1	3	6	6	12	1	...	1	...	...	...	1	...	1
		Others	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...
IV.		Premature Birth and Accidents during Birth	3	2	5	1	2	3	4	4	8	1	1	2	3	...	3	1	1	5
		Malformations	1	...	1	1	...	1	2	...	2	1	1	2	1	...	1	2	1	3
		Old Age (Senile Decay)	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	1	1	2
		Others	1	...	1	...	1	1	1	1	2	...	...	...	1	...	1	1	...	1
V.	1	Acute Inflammation of the Brain and its Membranes	...	...	...	...	2	2	...	2	2	1	1	2	...	...	...	1	1	2
		Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	2
		Others	1	...	1	1	...	1	2	...	2	1	1	2	...	1	1	1	2	3
	3	Heart Disease, Organic, Degeneration, Syncope	2	1	6	2	1	3	4	5	9	4	1	5	...	1	1	4	2	6
		Apoplexy	...	...	...	...	3	3	...	3	3	...	1	1	...	1	1	...	2	2
		Others	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
	4	Bronchitis	...	1	1	1	1	2	1	2	3	1	...	1	2	2	4	3	2	5
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	2	...	2	3	6	9	5	6	11	...	...	...	5	4	9	5	4	9
		Others	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1
	5	Enteritis, Gastro-Enteritis, Marasmus	3	2	5	3	7	10	6	9	15	2	1	3	1	5	6	3	6	9
		Others	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
	6	The Liver	2	...	2	2	...	2	4	...	4	2	1	3	...	...	...	2	1	3
	8	Bright's Disease, Nephritis, Uræmia	...	3	3	...	1	1	...	4	4	3	...	3	...	1	1	3	1	4
		Others	...	...	...	...	...	...	...	...	...	2	1	3	...	1	1	2	2	4
	9	Parturition	...	1	1	...	1	1	...	2	2	...	...	...	...	...	...	...	...	...
VI.		Violence	...	...	...	1	...	1	1	...	1	...	...	...	2	...	2	2	...	2
VII.		Debility, Atrophy, Inanition	...	...	...	1	...	1	1	...	1	...	...	...	2	...	2	2	...	2
V.	2, 7, 10, 11	All other Diseases	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	1	1	2

Class No.	Sub-Class No.	DISEASES.	7. CLAREMONT.									8. WYNBERG.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.
		<i>Classes of Disease—</i>																		
I.	1	Specific Organisms	16	3	19	39	31	70	55	34	89	19	8	27	53	31	84	72	39	111
	2	Parasitic	...	1	1	...	...	...	...	1	1	...	...	...	1	...	1	...	...	1
III.		Constitutional	7	3	10	4	4	8	11	7	18	4	6	10	1	1	2	5	7	12
IV.		Developmental Defects and Degeneration	3	2	5	8	7	15	11	9	20	5	3	8	10	7	17	15	10	25
V.	1	Nervous System	2	4	6	3	6	9	5	10	15	8	5	13	14	6	20	22	11	33
	3	Circulatory System	6	8	14	10	16	26	16	24	40	10	6	16	9	10	19	19	16	35
	4	Respiratory System	1	2	3	18	14	32	19	16	35	5	3	8	18	26	44	23	29	52
	5	Alimentary Canal	2	1	3	12	11	23	14	12	26	9	7	16	24	24	48	33	31	64
	6	The Liver	2	...	2	1	...	1	3	...	3	3	1	4	1	2	3	4	3	7
	8	Urinary System and Organs of Generation	2	1	3	2	2	4	4	3	7	4	4	8	1	2	3	5	6	11
	9	Parturition	...	...	...	...	...	...	...	...	...	...	2	2	...	1	1	...	3	3
VI.		Violence	3	...	3	3	4	7	6	4	10	5	1	6	3	1	4	8	2	10
VII.		Ill defined or not specified	4	1	5	8	4	12	12	5	17	...	2	2	1	3	4	1	5	6
V.	2, 7, 10, 11	All Other Diseases	2	2	4	5	4	9	7	6	13	2	...	2	4	1	8	6	4	10
		Total	50	28	78	113	103	216	163	131	294	74	48	122	140	118	258	214	166	380

		<i>Diseases in detail—</i>																		
I.	1	Measles	...	...	...	2	2	4	2	2	4	...	1	1	2	...	2	2	1	3
		Scarlet Fever	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
		Influenza	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
		Whooping Cough	1	2	3	4	...	4	5	2	7	1	...	1	5	6	11	6	6	12
		Diphtheria and Membranous Croup	2	...	2	...	...	...	2	...	2	...	...	...	...	1	1	...	1	1
		Typhoid (Enteric) Fever, Simple	2	...	2	1	1	2	3	1	4	3	1	4	1	...	1	4	1	5
		Continued Fever, Malarial, Remittent Fever and Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Diarrhoea and Dysentery	7	...	7	15	8	23	22	8	30	4	2	6	9	5	14	13	7	20
		Tuberculosis, including Hemoptysis	4	...	4	15	16	31	19	16	35	6	3	9	27	14	41	33	17	50
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene	...	...	...	1	2	3	1	2	3	1	...	4	3	1	4	7	1	8
		Puerperal Fever	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
		Others	...	...	...	...	1	1	...	1	1	1	1	2	6	4	10	7	5	12
	2	Thrush, Stomatitis	...	1	1	...	...	...	...	1	1	...	...	...	1	...	1	1	...	1
III.		Cancer (Malignant Disease)	6	3	9	3	2	5	9	5	14	3	6	9	1	1	2	4	7	11
		Others	1	...	1	1	2	3	2	2	4	1	...	1	...	...	1	...	...	1
IV.		Premature Birth and Accidents during Birth	1	1	2	5	3	8	6	4	10	3	1	4	8	3	11	11	4	15

Uncertified Deaths :—CLAREMONT : Whooping Cough, 1 C ; Diarrhoea, 1 C ; Heart Disease, 1 C ; Pneumonia, etc., 1 C ; Debility, etc., 1 E. Total ; 1 E and 4 C.

WYNBERG : Class IV., Others, 1 E ; Convulsions, 1 E ; Pneumonia, etc., 1 C. Total : 2 E and 1 C.

DEATHS FOR EACH CITY AND TOWN—(continued).

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ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) Europeans and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES	7. CLAREMONT.—(Continued).									8. WYNBERG.—(Continued).												
			European.			Coloured.			All Races.			European.			Coloured.			All Races.						
V.	1	<i>Diseases in Detail—</i>											M	F	P	M	F	P	M	F	P	M	F	P
		Malformations ...	1	...	1	1	...	1	2	...	2	1	1	2	1	1	2	1	1	2	
		Dentition ...	...	...	...	1	2	3	1	2	3	...	1	1	...	2	2	...	3	3	...	...
		Old Age (Senile Decay) ...	...	...	...	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4	...	...
		Others ...	1	1	2	...	1	1	1	2	3	1	...	1	...	...	1	...	1	...	...	
		Acute Inflammation of the Brain and its Membranes	1	3	1	2	2	4	3	5	8	3	...	3	4	3	7	7	3	10	...	...
		Convulsions ...	1	...	1	1	3	1	2	3	5	3	1	4	8	3	11	11	1	15	...	...
		Others ...	...	1	1	...	1	1	...	2	2	2	4	6	2	...	2	4	1	8	...	...
		Heart Disease, Organic, Degeneration, Syncope	3	5	8	5	10	15	8	15	23	7	1	8	7	6	13	11	7	21	...	...
		Apoplexy ...	...	1	1	2	5	7	2	6	8	3	4	7	2	1	6	5	8	13	...	...
		Others ...	3	2	5	3	1	1	6	3	9	...	1	1	...	...	...	...	1	1	...	...
		Bronchitis ...	...	...	...	9	3	12	9	3	12	1	1	2	8	11	19	9	12	21	...	...
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	1	2	3	9	11	20	10	13	23	4	2	6	8	15	23	12	17	29	...	...
		Others ...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	2	...	2	...	...	...
		Enteritis, Gastro-Enteritis, Marasmus	2	1	3	12	11	23	14	12	26	8	5	13	23	23	46	31	28	59	...	...
		Others ...	...	...	...	...	...	...	...	...	...	1	2	3	1	1	2	2	3	5	...	...
The Liver ...	2	...	2	1	...	1	3	...	3	3	1	4	1	2	3	4	3	7	...	...		
VI.	8	Bright's Disease, Nephritis, Uræmia	2	1	3	2	1	3	1	2	6	1	3	4	1	2	3	2	5	7	...	...
		Others ...	...	...	...	...	1	1	...	1	1	3	1	4	...	...	...	3	1	1	...	...
		Parturition ...	...	...	...	...	...	...	...	...	...	2	2	...	1	1	...	3	3	...	...	
		Violence ...	3	...	3	3	1	7	6	4	10	5	1	6	3	1	4	8	2	10	...	...
VII.	II.	V.	2, 7, 10, 11	Debility, Atrophy, Inanition ...	4	1	5	8	1	12	12	5	17	...	2	2	1	3	4	1	5	6		
				All other Diseases ...	2	2	4	5	4	9	7	6	13	2	...	2	4	4	8	6	4	10		

Class No.	Sub-Class No.	DISEASES.	9. SIMONSTOWN.									10. KALK BAY-MUIZENBERG.												
			European.			Coloured.			All Races.			European.			Coloured.			All Races.						
I.	1	<i>Classes of Disease.</i>											M	F	P	M	F	P	M	F	P	M	F	P
		Specific Organisms	3	2	5	5	5	10	8	7	15	1	2	3	4	3	7	5	5	10	...	...
		Parasitic .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Constitutional	1	...	1	1	1	2	2	1	3	...	...	...	1	2	3	1	2	3	...	...
		Developmental Defects and Degeneration	...	1	1	...	...	...	...	1	1	1	...	1	...	...	1	...	...	...	...	...
		Nervous System	2	...	2	2	...	2	4	...	4	1	...	1	...	...	1	...	1	...	...	...
		Circulatory System	2	...	2	1	2	3	3	2	5	3	...	3	...	4	3	4	7	...	...	
		Respiratory System	4	...	4	7	6	13	11	6	17	1	3	4	2	5	7	3	8	11	...	...
		Alimentary Canal	4	1	5	6	2	8	10	3	13	1	1	2	2	5	7	3	6	9	...	...
		The Liver	1	...	1	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...
		Urinary System and Organs of Generation	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
		Parturition .. ..	...	1	1	...	1	1	...	2	2	...	...	...	...	...	...	...	...	...	...	...
		Violence	3	2	5	4	1	5	7	3	10	1	...	1	1	...	1	2	...	2	...	...
		Ill-defined or not specified..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		VI.	II.	V.	2, 7, 10, 11	All Other Diseases	1	...	1	2	...	2	3	...	3	
Total	21					7	28	28	19	47	49	26	75	9	6	15	10	19	29	19	25	44		

I.	1	<i>Diseases in Detail—</i>																				
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
		Diarrhœa and Dysentery ...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	1	1	2	...	...
		Tuberculosis, including Hæmoptysis	1	2	3	4	5	9	5	7	12	...	1	1	4	2	6	4	3	7	...	...
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene	1	...	1	1	...	1	2	...	2	...	...	...	...	...	...	...	...	...	...	...
		Others ...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	...
		Cancer (Malignant Disease) ...	1	...	1	...	1	1	1	1	2	...	...	...	1	2	3	1	2	3	...	...
		Others ...	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...
		Premature Birth and Accidents during Birth	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1	...	...
		Malformations ...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
		Acute Inflammation of the Brain and its Membranes	2	...	2	1	...	1	3	...	3	1	...	1	...	...	...	1	...	1	...	...
		Convulsions ...	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...
		Heart Disease, Organic, Degeneration, Syncope	2	...	2	1	2	3	3	2	5	3	...	3	...	1	4	3	4	7	...	...
		Bronchitis ...	1	...	1	2	3	5	3	3	6	...	2	2	1	3	4	1	5	6	...	...
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	3	...	3	5	3	8	8	3	11	1	1	2	1	2	3	2	3	5	...	...
Enteritis, Gastro-Enteritis, Marasmus	3	1	4	4	2	6	7	3	10	1	1	2	2	1	6	3	5	8	...	...
Others ...	1	...	1	2	...	2	3	...	3	...	...	...	...	1	1	...	1	1	...	...
The Liver ...	1	...	1	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Others ...	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
VI.	II.	V.	2, 7, 10, 11	Parturition ...	...	1	1	...	1	1	...	2	2	...	...	...	...	...	...	...	...
				Violence ...	3	2	5	4	1	5	7	3	10	1	...	1	1	...	1	2	...	2
VI.	II.	V.	2, 7, 10, 11	All other Diseases ...	1	...	1	2	...	2	3	...	3	...	...	...	...	...	...	...	...

Uncertified Deaths:—SIMONSTOWN: Convulsions, 1 C; Bronchitis, 1 C; Total, 2 C.
(Included above) KALK BAY-MUIZENBERG: Enteritis, etc., 1 C.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns in the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	11. KIMBERLEY.									12. BEACONSFIELD.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Classes of Disease—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Specific Organisms	33	20	53	169	87	256	202	107	309	10	3	13	136	31	167	146	34	180
III.	2	Parasitic .. ..	..	..	..	..	1	1	..	1	1	..	..	..	1	..	1	1	..	1
IV.		Constitutional	1	4	5	1	2	3	2	6	8	2	1	3	..	..	..	2	1	3
		Developmental Defects and De- generation.	14	13	27	17	18	35	31	31	62	1	1	2	6	6	12	7	7	14
V.	1	Nervous System	12	8	20	34	20	54	46	28	74	3	2	5	22	5	27	25	7	32
	3	Circulatory System	16	15	31	26	8	34	42	23	65	2	1	3	14	5	19	16	6	22
	4	Respiratory System	16	14	30	161	47	208	177	61	238	2	4	6	520	39	559	522	43	561
	5	Alimentary Canal	19	14	33	38	29	67	57	43	100	3	7	10	20	6	26	23	13	36
	6	The Liver	2	1	3	2	2	4	4	3	7	..	..	..	3	..	3	3	..	3
	8	Urinary System and Organs of Generation.	6	4	10	8	1	9	11	5	19	..	..	..	7	..	7	7	..	7
	9	Parturition .. ..	..	4	4	..	4	4	..	8	8	..	2	2	..	1	1	..	3	3
VI.		Violence	8	3	11	24	5	29	32	8	40	4	..	4	40	1	41	44	1	45
VII.		Ill defined or not specified..	1	1	2	4	4	8	5	5	10	..	..	..	..	1	1	..	1	1
II.																				
V.	2, 7, 10, 11	All Other Diseases	4	1	5	6	2	8	10	3	13	..	..	..	9	..	9	9	..	9
		Total	132	102	234	490	230	720	622	332	954	27	21	48	778	95	873	805	116	921
<i>Diseases in Detail—</i>																				
I.	1	Measles	1	2	3	1	2	3	2	4	6	..	..	..	1	2	3	1	2	3
		Scarlet Fever... ..	..	1	1	1	..	1	1	1	2	..	..	..	..	..	..	..	..	..
		Influenza .. ..	..	1	1	..	1	1	..	2	2	1	1	2	2	1	3	3	2	5
		Whooping Cough	1	2	3	1	..	1	2	2	4	2	..	2	1	..	1	3	..	3
		Diphtheria and Membranous Croup.	1	1	2	..	1	1	1	2	3	1	..	1	..	..	..	1	..	1
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever.	7	2	9	8	3	11	15	5	20	2	..	2	7	..	7	9	..	9
		Diarrhoea and Dysentery ..	6	3	9	30	36	66	36	39	75	1	1	2	37	7	44	38	8	46
		Tuberculosis, including Hæmop- tysis	16	7	23	110	33	143	126	40	166	3	1	4	82	16	98	85	17	102
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene	..	..	..	7	1	8	7	1	8	..	..	..	1	1	2	1	1	2
		Puerperal Fever .. ..	..	..	..	..	4	4	..	4	4	..	..	..	..	1	1	..	1	1
		Others	1	1	2	11	6	17	12	7	19	..	..	..	5	3	8	5	3	8
III.	2	Thrush, Stomatitis .. ..	..	..	..	..	1	1	..	1	1	..	..	..	1	..	1	1	..	1
		Cancer (Malignant Disease) ..	1	3	4	1	..	1	2	3	5	2	1	3	..	..	..	2	1	3
IV.		Others .. ..	..	1	1	..	2	2	..	3	3	..	..	..	..	..	..	..	..	..
		Premature Birth and Accidents during Birth	10	7	17	13	14	27	23	21	44	1	..	1	4	4	8	5	4	9
		Malformations	1	3	4	1	1	2	2	1	6	..	1	1	..	..	..	..	1	1
		Dentition .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
		Old Age (Senile Decay) ..	3	1	4	2	2	4	5	3	8	..	..	..	1	1	2	1	1	2
		Others .. ..	..	1	1	1	1	2	1	2	3	..	..	..	1	1	2	1	1	2
V.	1	Acute Inflammation of the Brain and its Membranes	4	6	10	10	4	14	14	10	21	1	2	3	19	2	21	20	4	24
		Convulsions	2	1	3	12	12	24	14	13	27	..	..	..	3	3	6	3	3	6
		Others	6	1	7	12	4	16	18	5	23	2	..	2	..	..	..	2	..	2
	3	Heart Disease, Organic, De- generation, Syncope	9	11	20	23	6	29	32	17	49	2	1	3	14	3	17	16	4	20
		Apoplexy	4	3	7	2	1	3	6	1	10	..	..	..	..	2	2	..	2	2
		Others	3	1	4	1	1	2	4	2	6	..	..	..	..	..	..	..	..	..
	4	Bronchitis	2	2	4	10	11	21	12	13	25	..	1	1	23	10	33	23	11	34
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy	14	11	25	150	34	184	164	45	209	2	3	5	495	29	524	497	32	529
		Others .. ..	..	1	1	1	2	3	1	3	4	..	..	..	2	..	2	2	..	2
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	17	12	29	35	29	64	52	41	93	2	7	9	17	6	23	19	13	32
		Others	2	2	4	3	..	3	5	2	7	1	..	1	3	..	3	4	..	4
	6	The Liver	2	1	3	2	2	4	4	3	7	..	..	..	3	..	3	3	..	3
	8	Bright's Disease, Nephritis, Uremia	4	3	7	4	..	4	8	3	11	..	..	..	5	..	5	5	..	5
		Others	2	1	3	4	1	5	6	2	8	..	..	..	2	..	2	2	..	2
	9	Parturition .. ..	..	4	1	..	4	4	..	8	8	..	2	2	..	1	1	..	3	3
VI.		Violence	8	3	11	24	5	29	32	8	40	4	..	4	40	1	41	44	1	45
VII.		Debility, Atrophy, Inanition ..	1	1	2	3	3	6	4	4	8	..	..	..	..	1	1	..	1	1
		Others .. ..	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
II.																				
V.	2, 7, 10, 11	All other Diseases	4	1	5	6	2	8	10	3	13	..	..	..	9	..	9	9	..	9

Uncertified Deaths:—KIMBERLEY: Diarrhoea, etc., 1 E, 8 C; Tuberculosis, 1 C; Class I, Sub-Class 1, Others, 1 C; Premature Birth, etc., 3 E, 3 C; Old Age, 1 C; Convulsions, 8 C; Class V, Sub-Class 1, Others, 1 C; Heart Disease, etc., 1 E, 1 C; Bronchitis, 1 E, 4 C; Pneumonia, etc., 12 C; Class V, Sub-Class 4, Others, 2 C; Enteritis, etc., 1 C; Bright's Disease, etc., 1 C; Class V, Sub-Class 8, Others, 1 C; Class VII, Others, 1 C; Total, 6 E, 46 C; All Races, 52.
BEACONSFIELD: Measles, 1 C; Diarrhoea, etc., 5 C; Tuberculosis, 3 C; Premature Birth, etc., 1 E, 1 C; Convulsions, 2 C; Bronchitis, 9 C; Pneumonia, etc., 17 C; Parturition, 1 C; Total, 1 E, 39 C.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) Europeans and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	13. PORT ELIZABETH.									14. EAST LONDON.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.
<i>Classes of Disease—</i>																				
I.	1	Specific Organisms	42	21	63	69	73	142	111	94	205	18	12	30	26	31	57	44	43	87
III.	2	Parasitic .. ..	..	..	..	2	2	4	2	2	4	..	1	1	..	..	..	..	1	1
IV.		Constitutional	6	14	20	3	6	9	9	20	29	4	5	9	..	1	1	4	6	10
		Developmental Defects and Degen- eration	10	7	17	10	13	23	20	20	40	5	3	8	11	6	17	16	9	25
V.	1	Nervous System	14	11	25	20	12	32	34	23	57	10	6	16	1	5	6	11	11	22
	3	Circulatory System	21	26	47	15	10	25	36	36	72	15	8	23	6	4	10	21	12	33
	4	Respiratory System	15	16	31	36	39	75	51	55	106	9	6	15	23	19	42	32	25	57
	5	Alimentary Canal	16	18	34	22	26	48	38	44	82	18	11	29	22	8	30	40	19	59
	6	The Liver	4	3	7	..	1	1	4	4	8	1	1	2	3	..	3	4	1	5
	8	Urinary System and Organs of Generation	6	2	8	3	3	6	9	5	14	4	1	5	..	1	1	4	2	6
	9	Parturition .. ..	..	4	4	..	..	..	..	4	4	..	1	1	..	2	2	..	3	3
VI.		Violence	7	..	7	5	4	9	12	4	16	12	3	15	8	4	12	20	7	27
VII.		Ill defined or not specified ..	2	1	3	..	1	1	2	2	4	2	1	3	..	..	..	2	1	3
V.	2, 7, 10, 11	All Other Diseases	4	3	7	2	4	6	6	7	13	9	..	9	3	..	3	12	..	12
		Total	147	126	273	187	194	381	334	320	654	107	59	166	103	81	184	210	140	350
<i>Diseases in Detail—</i>																				
I.	1	Measles	5	3	8	6	11	17	11	14	25	..	..	..	..	1	1	..	1	1
		Influenza .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
		Whooping Cough	4	4	8	2	3	5	6	7	13	..	1	1	2	2	4	2	3	5
		Diphtheria and Membranous Croup .. ..	..	..	..	3	1	4	3	1	4	..	..	..	..	..	..	..	..	..
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever ..	7	1	8	2	1	3	9	2	11	2	1	3	1	1	2	3	2	5
		Diarrhoea and Dysentery	6	1	7	7	11	18	13	12	25	1	1	2	6	11	17	7	12	19
		Tuberculosis, including Hæmop- tysis	17	10	27	41	41	82	58	51	109	15	8	23	14	14	28	29	22	51
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene .. ..	..	1	1	5	2	7	5	3	8	..	..	..	..	..	..	..	..	..
		Puerperal Fever .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
		Others	3	1	4	3	2	5	6	3	9	..	..	..	3	2	5	3	2	5
	2	Thrush, Stomatitis .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
		From other Vegetable and Animal Parasites .. ..	..	..	..	2	2	4	2	2	4	..	..	..	..	..	..	..	..	..
III.		Cancer (Malignant Disease) ..	5	13	18	2	5	7	7	18	25	3	4	7	..	1	1	3	5	8
		Others	1	1	2	1	1	2	2	2	4	1	1	2	..	..	..	1	1	2
IV.		Premature Birth and Accidents during Birth	6	5	11	3	5	8	9	10	19	3	1	4	9	5	14	12	6	18
		Malformations	3	..	3	4	1	5	7	1	8	1	1	2	1	..	1	2	1	3
		Dentition .. ..	..	1	1	..	5	5	..	6	6	..	..	..	..	..	..	..	..	..
		Old Age (Senile Decay)	1	..	1	2	1	3	3	1	4	1	..	1	..	1	1	1	1	2
		Others .. ..	..	1	1	1	1	2	1	2	3	..	1	1	1	..	1	1	1	2
V.	1	Acute Inflammation of the Brain and its Membranes ..	2	4	6	3	2	5	5	6	11	6	3	9	1	3	4	7	6	13
		Convulsions	4	2	6	9	6	15	13	8	21	2	..	2	..	1	1	2	1	3
		Others	8	5	13	8	4	12	16	9	25	2	3	5	..	1	1	2	4	6
	3	Heart Disease, Organic, De- generation, Syncope	15	17	32	12	7	19	27	24	51	15	4	19	5	3	8	20	7	27
		Apoplexy .. ..	..	4	4	3	2	5	3	6	9	..	3	3	1	1	2	1	4	5
		Others	6	5	11	..	1	1	6	6	12	..	1	1	..	..	..	..	1	1
	4	Bronchitis	8	9	17	19	20	39	27	29	56	2	1	3	9	8	17	11	9	20
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy ..	5	5	10	16	19	35	21	24	45	7	4	11	13	10	23	20	14	34
		Others	2	2	4	1	..	1	3	2	5	..	1	1	1	1	2	1	2	3
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	15	16	31	18	26	44	33	42	75	17	11	28	19	8	27	36	19	55
		Others	1	2	3	4	..	4	5	2	7	1	..	1	3	..	3	4	..	4
	6	The Liver	4	3	7	..	1	1	4	4	8	1	1	2	3	..	3	4	1	5
	8	Bright's Disease, Nephritis, Uremia	4	2	6	2	3	5	6	5	11	4	1	5	..	..	..	4	1	5
		Others	2	..	2	1	..	1	3	..	3	..	..	..	..	1	1	..	1	1
	9	Parturition .. ..	..	4	4	..	..	..	..	4	4	..	1	1	..	2	2	..	3	3
VI.		Violence	7	..	7	5	4	9	12	4	16	12	3	15	8	4	12	20	7	27
VII.		Debility, Atrophy, Inanition ..	1	1	2	..	1	1	1	2	3	1	1	2	..	..	..	1	1	2
		Others	1	..	1	..	..	..	1	..	1	1	..	1	..	..	..	1	..	1
II.	2, 7, 10, 11	All Other Diseases	4	3	7	2	4	6	6	7	13	9	..	9	3	..	3	12	..	12

Uncertified Deaths:—PORT ELIZABETH: Measles, 1 C; Premature Birth, etc., 2 C; Old Age, 1 C; Convulsions, 1 E; Class V, Sub-Class 1, Others, 1 C; Heart Disease, etc., 1 E; Apoplexy, 1 C; Bronchitis, 1 C. Total: 2 E, 7 C; All Races, 9.

EAST LONDON: Whooping Cough, 2 C; Diarrhoea, etc., 4 C; Tuberculosis, 2 C; Premature Birth, etc., 1 E, 10 C; Malformations, 1 E; Old Age, 1 C; Convulsions, 1 E, 1 C; Class V, Sub-Class 1, Others, 1 E; Bronchitis, 5 C; Pneumonia, etc., 5 C; Class V, Sub-Class 4, Others, 1 C; Enteritis, etc., 2 C; Class V, Sub-Class 5, Others, 1 C; Class V, Sub-Class 8, Others, 1 C; Parturition, 1 C; Violence, 1 C. Total: 4 E, 37 C; All Races, 41.

DEATHS FOR EACH CITY AND TOWN—(continued).

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	15. CAMBRIDGE.									16. GRAHAMSTOWN.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.
I.	1	Specific Organisms	2	1	3	2	4	6	4	5	9	7	8	15	33	35	68	40	43	83
	2	Parasitic .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
III.		Constitutional .. ..	..	..	..	..	..	..	..	..	..	..	4	4	8	4	..	4	8	4
IV.	4	Developmental Defects and De- generation	1	..	1	2	..	2	3	..	3	3	7	10	8	6	14	11	13	24
V.	1	Nervous System .. ..	..	2	2	1	..	1	1	2	3	3	2	5	8	13	21	11	15	26
	3	Circulatory System	1	1	2	1	1	2	2	2	4	7	10	17	4	7	11	11	17	28
	4	Respiratory System	1	1	2	2	1	3	3	2	5	3	4	7	39	36	75	42	40	82
	5	Alimentary Canal	2	1	3	3	3	6	5	4	9	4	7	11	16	20	36	20	27	47
	6	The Liver .. ..	..	..	..	1	..	1	1	..	1	..	..	..	1	1	..	1	1	1
	8	Urinary System and Organs of Generation .. ..	..	2	2	..	..	..	..	2	2	1	2	3	6	..	6	7	2	9
	9	Parturition .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	4	4	..	5	5
VI.		Violence .. ..	..	1	1	..	..	..	..	1	1	4	..	4	..	..	..	4	..	4
VII.		Ill defined or not specified..	..	1	1	..	..	..	..	1	1	3	1	4	8	3	11	11	4	15
II.																				
V.	2, 7, 10, 11	All Other Diseases .. ..	..	..	..	..	..	..	..	..	..	1	..	1	2	1	3	3	1	4
		Total	7	10	17	12	9	21	19	19	38	40	47	87	128	126	254	168	173	341
<i>Diseases in Detail—</i>																				
I.	1	Measles .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1
		Whooping Cough .. ..	..	..	..	..	1	1	..	1	1	..	..	..	1	1	..	1	1	1
		Diphtheria and Membranous Croup .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever ..	..	..	..	..	..	..	..	..	..	1	1	2	2	..	2	3	1	4
		Diarrhoea and Dysentery .. ..	..	..	..	..	1	1	..	1	1	3	1	4	7	6	13	10	7	17
		Tuberculosis, including Hemop- tysis	2	..	2	2	2	4	4	2	6	2	5	7	21	27	48	23	32	55
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene .. ..	..	1	1	..	..	..	..	1	1	1	..	1	2	..	2	3	..	3
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	1
	2	From other Vegetable and Animal Parasites .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
III.		Cancer (Malignant Disease) ..	..	..	..	..	..	..	..	..	..	4	1	8	4	..	4	8	4	12
IV.		Premature Birth and Accidents during Birth	1	..	1	1	..	1	2	..	2	2	..	2	1	3	4	3	3	6
		Malformations .. ..	..	..	..	..	..	..	..	..	..	1	1	2	1	..	1	2	1	3
		Dentition .. ..	..	..	..	1	..	1	1	..	1	..	1	1	1	1	2	1	2	3
		Old Age (Senile Decay) .. ..	..	..	..	..	..	..	..	..	..	..	5	5	5	..	5	5	5	10
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	2	2	2
V.	1	Acute Inflammation of the Brain and its Membranes .. ..	..	1	1	..	..	..	..	1	1	..	..	..	1	2	3	1	2	3
		Convulsions .. ..	..	..	..	1	..	1	1	..	1	1	1	2	4	7	11	5	8	13
		Others .. ..	..	1	1	..	..	..	..	1	1	2	1	3	3	4	7	5	5	10
	3	Heart Disease, Organic De- generation, Syncope	1	1	2	1	1	2	2	2	4	5	6	11	3	7	10	8	13	21
		Apoplexy .. ..	..	..	..	..	..	..	..	..	..	1	4	5	1	..	1	2	4	6
		Others .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
	4	Bronchitis	1	..	1	1	..	1	2	..	2	..	2	2	5	6	11	5	8	13
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy ..	..	1	1	1	1	2	1	2	3	3	2	5	33	28	61	36	30	66
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	1	2	3	3
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	2	1	3	2	3	5	4	4	8	2	5	7	15	20	35	17	25	42
		Others .. ..	..	..	..	1	..	1	1	..	1	2	2	4	1	..	1	3	2	5
	6	The Liver .. ..	..	..	..	1	..	1	1	..	1	..	..	..	1	1	..	1	1	1
	8	Bright's Disease, Nephritis, Uræmia .. ..	..	2	2	..	..	..	..	2	2	..	2	2	3	..	3	3	2	5
		Others .. ..	..	..	..	..	..	..	..	..	..	1	..	1	3	..	3	4	..	4
	9	Parturition .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	4	4	..	5	5
VI.		Violence .. ..	..	1	1	..	..	..	..	1	1	4	..	4	..	..	..	4	..	4
VII.		Debility, Atrophy, Inanition ..	..	..	..	..	..	..	..	..	..	3	..	3	4	2	6	7	2	9
		Others .. ..	..	1	1	..	..	..	..	1	1	..	1	1	4	1	5	4	2	6
II.																				
V.	2, 7, 10, 11	All other Diseases .. ..	..	..	..	..	..	..	..	..	..	1	..	1	2	1	3	3	1	4

Uncertified Deaths :—CAMBRIDGE : Tuberculosis, 1 C ; Dentition, 1 C ; Enteritis, etc., 1 C. Total, 3 C.
(Included above) GRAHAMSTOWN : Whooping Cough, 1 C ; Diarrhoea, etc., 9 C ; Tuberculosis, 12 C ; Premature Birth, 2 C ;
Dentition, 2 C ; Old Age, 1 E, 4 C ; Convulsions, 1 E, 10 C ; Heart Disease, 1 C ; Bronchitis, 3 C ; Pneu-
monia, etc, 29 C ; Class V, Sub-Class 4, Others, 1 C ; Enteritis, etc., 11 C ; Class V, Sub-Class 5, Others,
1 E ; Class V, Sub-Class 8, Others, 1 C ; Parturition, 1 E ; Violence, 1 E ; Debility, 1 E, 2 C ; Class VII,
Others, 3 C ; All other Diseases, 1 C. Total, 6 E, 92 C ; All Races, 98.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) Europeans and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	17. Uitenhage.									18. Paarl.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Classes of Disease—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Specific Organisms	12	7	19	53	55	108	65	62	127	5	15	20	52	47	99	57	62	119
III.	2	Parasitic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	1	2
IV.		Constitutional .. ..	..	3	3	..	1	1	..	4	4	5	2	7	3	1	4	8	3	11
		Developmental Defects and De- generation	4	6	10	9	8	17	13	11	27	3	2	5	8	3	11	11	5	16
V.	1	Nervous System	4	3	7	14	13	27	18	16	34	6	1	7	9	7	16	15	8	23
	3	Circulatory System	3	4	7	4	3	7	7	7	14	4	2	6	4	8	12	8	10	18
	4	Respiratory System	7	6	13	37	36	73	44	42	86	1	1	2	23	16	39	24	17	41
	5	Alimentary Canal	8	4	12	16	16	32	24	20	44	3	3	6	12	9	21	15	12	27
	6	The Liver	1	..	1	..	..	..	1	..	1	2	3	5	..	..	..	2	3	5
	8	Urinary System and Organs of Generation	2	..	2	..	1	1	2	1	3	..	2	2	8	5	13	8	7	15
	9	Parturition .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	3	3	..	3	3
VI.		Violence	3	1	4	2	1	3	5	2	7	..	..	..	4	..	4	4	..	4
VII.		Ill-defined or not specified .. ..	..	1	1	2	1	3	2	2	4	..	1	1	2	2	4	2	3	5
II.		All other Diseases .. ..	..	..	..	3	..	3	3	..	3	1	2	3	5	2	7	6	4	10
V.	2, 7, 10, 11		..	..	..	3	..	3	3	..	3	1	2	3	5	2	7	6	4	10
		Total	44	36	80	140	135	275	184	171	355	30	34	64	131	104	235	161	138	299
		<i>Diseases in Detail—</i>																		
I.	1	Measles	1	4	5	6	18	24	7	22	29	1	..	1	10	10	20	11	10	21
		Influenza	1	..	1	1	..	1	2	..	2	..	1	1	..	..	..	..	1	1
		Whooping Cough	1	..	1	3	..	3	4	..	4	1	1	2	2	3	5	3	4	7
		Diphtheria and Membranous Croup .. ..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	3	..	3
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	1	..	1	..	..	..	1	..	1	1	3	4	..	2	2	1	5	6
		Diarrhoea and Dysentery .. ..	..	..	..	6	7	13	6	7	13	..	4	4	19	6	25	19	10	29
		Tuberculosis, including Hæmop- tysis	7	2	9	35	30	65	42	32	74	2	4	6	16	23	39	18	27	45
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene	1	..	1	2	..	2	3	..	3	..	1	1	..	1	1	..	2	2
		Puerperal Fever .. ..	..	1	1	..	..	..	..	1	1	..	1	1	..	..	..	..	1	1
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	2	2	4
	2	Thrush, Stomatitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
		From other Vegetable and Animal Parasites .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
III.		Cancer (Malignant Disease) .. ..	..	3	3	..	..	..	..	3	3	5	2	7	2	1	3	7	3	10
		Others .. ..	..	..	..	..	1	1	..	1	1	..	..	..	1	..	1	..	1	1
IV.		Premature Birth and Accidents during Birth	2	4	6	5	1	6	7	5	12	1	1	2	4	2	6	5	3	8
		Malformations .. ..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	2	..	2
		Dentition .. ..	..	1	1	..	1	1	..	2	2	..	..	..	1	..	1	1	..	1
		Old Age (Senile Decay)	2	1	3	4	6	10	6	7	13	..	1	1	2	1	3	2	2	4
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
V.	1	Acute Inflammation of the Brain and its Membranes	1	..	1	1	..	1	2	..	2	1	1	2	2	..	2	3	1	4
		Convulsions	2	2	4	10	12	22	12	14	26	2	..	2	3	3	6	5	3	8
		Others	1	1	2	3	1	4	4	2	6	3	..	3	4	4	8	7	4	11
	3	Heart Disease, Organic. De- generation, Syncope	2	2	4	1	3	4	3	5	8	3	1	4	1	7	8	1	8	12
		Apoplexy .. ..	..	1	1	1	..	1	1	1	2	1	..	1	1	1	2	2	1	3
		Others	1	1	2	2	..	2	3	1	4	..	1	1	2	..	2	2	1	3
	4	Bronchitis	1	3	1	19	19	38	20	22	42	1	..	1	7	4	11	8	4	12
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy	6	3	9	18	17	35	24	20	44	..	1	1	15	11	26	15	12	27
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	1	2
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	8	3	11	15	16	31	23	19	42	3	2	5	10	9	19	13	11	24
		Others .. ..	..	1	1	1	..	1	1	1	2	..	1	1	2	..	2	2	1	3
	6	The Liver	1	..	1	..	..	..	1	..	1	2	3	5	..	..	..	2	3	5
	8	Bright's Disease, Nephritis, Uræmia	1	..	1	..	..	..	1	..	1	..	1	1	7	4	11	7	5	12
		Others	1	..	1	..	1	1	1	1	2	..	1	1	1	1	2	1	2	3
	9	Parturition .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	3	3	..	3	3
VI.		Violence	3	1	4	2	1	3	5	2	7	..	..	..	4	..	1	4	..	4
VII.		Debility, Atrophy, Inanition .. ..	..	1	1	2	1	3	2	2	4	..	1	1	2	2	4	2	3	5
II.		All other Diseases .. ..	..	..	..	3	..	3	3	..	3	1	2	3	5	2	7	6	4	10
V.	2, 7, 10, 11		..	..	..	3	..	3	3	..	3	1	2	3	5	2	7	6	4	10

Uncertified Deaths :—UITENHAGE; Measles, 1 E, 10 C; Whooping Cough, 2 C; Diarrhoea, etc., 6 C; Tuberculosis, 1 E, 13 C; (Included above) Premature Birth, etc., 2 E, 5 C; Old Age, 2 E, 7 C; Convulsions, 2 E, 21 C; Apoplexy, 1 C; Bronchitis, 15 C; Pneumonia, etc., 8 C; Enteritis, 6 C; Debility, etc., 1 C. Total: 8 E, 95 C; All Races, 103.

PAARL: Measles, 1 C; Typhoid, etc., 1 C; Diarrhoea, etc., 1 C; Tuberculosis, 4 C; Premature Birth, etc., 1 C; Old Age, 1 C; Convulsions, 1 E, 2 C; Class V, Sub-Class 1, Others, 2 C; Bronchitis, 3 C; Pneumonia, etc., 1 C; Class V, Sub-Class 5, Others, 1 C; Liver, 1 E; Bright's Disease, 1 C; Debility, etc., 1 C. Total: 2 E, 20 C; All Races, 22.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) Europeans and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	19. GRAAFF-REINET.									20. QUEENSTOWN.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
		<i>Classes of Disease—</i>																		
I.	1	Specific Organisms	3	5	8	31	59	90	34	64	98	12	6	18	28	35	63	40	41	81
III.	2	Parasitic	1	..	1	..	..	..	1	..	1	..	..	1	..	2	..	2	..	4
IV.		Constitutional	1	6	7	3	3	6	4	9	13	1	..	1	1	2	3	2	2	4
		Developmental Defects and Degen- eration.	4	4	8	8	5	13	12	9	21	5	1	6	4	10	14	9	11	20
V.	1	Nervous System	4	2	6	5	4	9	9	6	15	..	2	2	1	3	4	1	5	6
	3	Circulatory System	5	5	10	12	10	22	17	15	32	1	2	3	2	4	6	3	6	9
	4	Respiratory System	3	9	12	31	26	57	34	35	69	4	4	8	26	36	62	30	40	70
	5	Alimentary Canal	4	6	10	5	10	15	9	16	25	7	2	9	17	13	30	24	15	39
	6	The Liver	1	..	1	1	..	1	2	..	2	..	1	1	2	..	2	2	1	3
	8	Urinary System and Organs of Generation.	1	3	4	3	..	3	4	3	7	..	1	1	..	1	1	..	2	2
	9	Parturition .. ..	..	1	1	..	1	1	..	2	2	..	..	..	..	1	1	..	1	1
VI.		Violence	1	1	2	1	..	1	2	1	3	1	1	2	1	3	4	2	4	6
VII.		Ill defined or not specified..	..	1	1	..	..	..	..	1	1	..	..	..	1	..	1	..	1	1
V.	2, 7, 10, 11	All Other Diseases .. ..	..	1	1	..	1	1	..	2	2	2	2	4	2	2	4	4	4	8
Total			28	44	72	100	119	219	128	163	291	33	22	55	85	110	195	118	132	250
<i>Diseases in Detail—</i>																				
I.	1	Small-pox .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	1	1	2
		Chicken-pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
		Measles .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
		Rotheln .. ..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	2	2
		Influenza .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1
		Whooping Cough .. ..	..	1	1	..	1	1	..	2	2	1	..	1	2	10	12	3	10	13
		Diphtheria and Membranous Croup	..	1	1	..	..	..	..	1	1	..	1	1	..	2	2	..	3	3
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	1	1	2	2	1	3	3	2	5	2	1	3	4	1	5	6	2	8
		Diarrhoea and Dysentery ..	..	..	..	8	8	16	8	8	16	2	..	2	10	6	16	12	6	18
		Tuberculosis, including Hæmop- tysis	2	1	3	17	40	57	19	41	60	4	1	5	10	8	18	14	9	23
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene	..	1	1	2	1	3	2	2	4	1	1	2	..	1	1	1	2	3
		Puerperal Fever .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	1	1	..	1	1
		Others .. ..	..	..	..	2	7	9	2	7	9	1	..	1	1	3	4	2	3	5
	2	From other Vegetable and Animal Parasites	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
III.		Cancer (Malignant Disease) ..	1	5	6	2	1	3	3	6	9	1	..	1	..	1	1	1	1	2
		Others .. ..	..	1	1	1	2	3	1	3	4	..	..	..	1	1	2	1	1	2
IV.		Premature Birth and Accidents during Birth	2	2	4	8	4	12	10	6	16	4	1	5	3	7	10	7	8	15
		Malformations	1	..	1	..	..	..	1	..	1	..	..	..	..	2	2	..	2	2
		Dentition	1	..	1	..	1	1	1	1	2	..	..	..	..	..	..	..	..	..
		Old Age (Senile Decay) ..	..	2	2	..	..	..	..	2	2	1	..	1	..	..	1	..	..	1
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	1	2
V.	1	Acute Inflammation of the Brain and its Membranes	..	1	1	1	..	1	1	1	2	..	1	1	..	1	1	..	2	2
		Convulsions	2	..	2	2	4	6	4	4	8	..	1	1	..	2	2	..	3	3
		Others	2	1	3	2	..	2	4	1	5	..	..	..	1	..	1	1	..	1
	3	Heart Disease, Organic, De- generation, Syncope	5	2	7	6	8	14	11	10	21	..	..	..	..	4	4	..	4	4
		Apoplexy .. ..	..	3	3	5	1	6	5	4	9	1	1	2	..	..	..	1	1	2
		Others .. ..	..	..	..	1	1	2	1	1	2	..	1	1	2	..	2	2	1	3
	4	Bronchitis .. ..	..	2	2	7	5	12	7	7	14	4	2	6	8	11	19	12	13	25
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy	3	6	9	24	21	45	27	27	54	..	2	2	18	25	43	18	27	45
		Others .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	3	5	8	5	10	15	8	15	23	5	2	7	17	10	27	22	12	31
		Others	1	1	2	..	..	..	1	1	2	2	..	2	..	3	3	2	3	5
	6	The Liver	1	..	1	1	..	1	2	..	2	..	1	1	2	..	2	2	1	3
	8	Bright's Disease, Nephritis, Uræmia	..	2	2	2	..	2	2	2	4	..	1	1	..	..	..	..	1	1
		Others	1	1	2	1	..	1	2	1	3	..	..	..	..	1	1	..	1	1
	9	Parturition .. ..	..	1	1	..	1	1	..	2	2	..	..	..	..	1	1	..	1	1
VI.		Violence	1	1	2	1	..	1	2	1	3	1	1	2	1	3	4	2	4	6
VII.		Debility, Atrophy, Inanition ..	..	1	1	..	..	..	..	1	1	..	..	..	1	..	1	1	..	1
V.	2, 7, 10, 11	All other Diseases .. ..	..	1	1	..	1	1	..	2	2	2	2	4	2	2	4	4	4	8

Uncertified Deaths:—GRAAFF-REINET: Diarrhoea, etc., 1 C; Tuberculosis, 9 C; Class III. Others, 1 C; Premature Birth, 1 E, 5 C; Dentition, 1 C; Convulsions, 1 E, 3 C; Heart Disease, etc., 1 C; Apoplexy, 1 C; Bronchitis, 1 C; Pneumonia, 7 C; Enteritis, etc., 1 E, 3 C. Total: 3 E; 33 C; All Races, 36.
QUEENSTOWN: Typhoid, etc., 1 C; Diarrhoea, etc., 1 C; Tuberculosis, 1 C; Premature Birth, 1 C; Malformations, 1 C; Convulsions, 1 C; Bronchitis, 1 C; Pneumonia, etc., 4 C. Total, 11 C.

ANNEXURE "G."—Table 2, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	21. KING WILLIAM'S TOWN.									22. OUDTSHOORN.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.
<i>Classes of Disease—</i>																				
I.	1	Specific Organisms	10	10	20	23	19	42	33	29	62	9	9	18	28	32	60	37	41	78
	2	Parasitic .. ..	..	1	1	1	..	1	1	1	2	..	..	..	1	..	1	1	..	1
III.		Constitutional	2	..	2	1	1	2	3	1	4	3	4	7	1	1	2	4	5	9
IV.		Developmental Defects and Degen- eration	2	4	6	3	3	6	5	7	12	2	3	5	5	8	13	7	11	18
V.	1	Nervous System	2	4	6	8	4	12	10	8	18	1	4	5	16	11	27	17	15	32
	3	Circulatory System	6	5	11	1	1	2	7	6	13	6	2	8	4	2	6	10	4	14
	4	Respiratory System	5	5	10	9	19	28	14	24	38	5	5	10	28	26	54	33	31	64
	5	Alimentary Canal	6	8	14	5	6	11	11	14	25	4	4	8	11	13	24	15	17	32
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
	8	Urinary System and Organs of Generation	1	2	3	1	1	2	2	3	5	1	1	2	2	1	3	3	2	5
	9	Parturition .. ..	..	1	1	..	2	2	..	3	3	..	..	..	..	..	..	..	..	..
VI.		Violence	1	1	2	2	1	3	3	2	5	1	..	1	1	2	3	2	2	4
VII.		Ill defined or not specified	1	2	3	1	..	1	2	2	4	..	1	1	1	1	2	1	2	3
II.		All Other Diseases	1	3	4	1	..	1	2	3	5	..	1	1	2	..	2	2	1	3
V.	2, 7, 10, 11																			
		Total	37	46	83	56	57	113	93	103	196	32	34	66	101	97	198	133	131	264
<i>Diseases in detail—</i>																				
I.	1	Measles .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
		Influenza	1	3	4	..	..	..	1	3	4	..	..	..	..	..	..	..	..	..
		Whooping Cough .. ..	..	..	..	1	3	4	1	3	4	..	..	..	..	..	..	..	..	..
		Diphtheria and Membranous Croup .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	3	2	5	1	3	4	4	5	9	2	2	4	..	1	1	2	3	5
		Diarrhoea and Dysentery	2	1	3	6	3	9	8	4	12	4	3	7	4	4	8	8	7	15
		Tuberculosis, including Hæmop- tysis	3	3	6	11	9	20	14	12	26	3	3	6	20	25	45	23	28	51
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene .. ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
		Others	1	..	1	3	1	4	4	1	5	..	..	..	4	2	6	4	2	6
	2	Thrush, Stomatitis .. ..	..	1	1	..	..	..	..	1	1	..	..	..	1	..	1	1	..	1
		From other Vegetable and Animal Parasites .. ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
III.		Cancer (Malignant Disease)	2	..	2	..	1	1	2	1	3	3	3	6	..	1	1	3	4	7
		Others .. ..	..	..	..	1	..	1	1	..	1	..	1	1	1	..	1	1	1	2
IV.		Premature Birth and Accidents during Birth .. ..	..	3	3	2	1	3	2	4	6	2	1	3	3	6	9	5	7	12
		Malformations .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
		Dentition .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	2	2
		Old Age (Senile Decay)	2	1	3	1	..	1	3	1	4	..	1	1	..	1	1	..	2	2
		Others .. ..	..	..	..	..	2	2	..	2	2	..	1	1	..	..	..	..	1	1
V.	1	Acute Inflammation of the Brain and its Membranes	1	1	2	3	..	3	4	1	5	..	2	2	1	1	2	1	3	4
		Convulsions .. ..	..	..	..	3	1	4	3	1	4	1	..	1	12	8	20	13	8	21
		Others	1	3	4	2	3	5	3	6	9	..	2	2	3	2	5	3	4	7
	3	Heart Disease, Organic, De- generation, Syncope	4	4	8	..	..	..	4	4	8	2	2	4	2	..	2	4	2	6
		Apoplexy	2	..	2	1	1	2	3	1	4	2	..	2	..	2	2	2	2	4
		Others .. ..	..	1	1	..	..	..	..	1	1	2	..	2	2	..	2	4	..	4
	4	Bronchitis	2	1	3	6	15	21	8	16	24	..	1	1	5	7	12	5	8	13
		Pneumonia, Inflammation, Con- gestion of Lungs and Pleurisy	3	3	6	3	2	5	6	5	11	5	4	9	22	19	41	27	23	50
		Others .. ..	..	1	1	..	2	2	..	3	3	..	..	..	1	..	1	1	..	1
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	6	7	13	4	5	9	10	12	22	4	2	6	11	12	23	15	14	29
		Others .. ..	..	1	1	1	1	2	1	2	3	..	2	2	..	1	1	..	3	3
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
	8	Bright's Disease, Nephritis, Uræmia .. ..	..	2	2	..	1	1	..	3	3	1	..	1	2	1	3	3	1	4
		Others	1	..	1	1	..	1	2	..	2	..	1	1	..	..	..	..	1	1
	9	Parturition .. ..	..	1	1	..	2	2	..	3	3	..	..	..	..	..	..	..	..	..
VI.		Violence	1	1	2	2	1	3	3	2	5	1	..	1	1	2	3	2	2	4
VII.		Debility, Atrophy, Inanition	1	..	1	1	..	1	2	..	2	..	1	1	1	1	2	1	2	3
		Others .. ..	..	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..
II.		All other Diseases	1	3	4	1	..	1	2	3	5	..	1	1	2	..	2	2	1	3
V.	2, 7, 10, 11																			

Uncertified Deaths :—KING WILLIAM'S TOWN: Whooping Cough, 3 C; Typhoid, etc., 1 C; Diarrhoea, etc., 1 F, 4 C; Tuberculosis, 10 C; Class I, Sub-Class 1, Others, 1 C; Class I, Sub-Class 2, Others, 1 C; Cancer, 1 C; Class III, Others, 1 C; Premature Birth, etc., 1 F, 1 C; Old Age, 1 C; Class IV, Others, 2 C; Inflammation of Brain, 1 C; Convulsions, 2 C; Class V, Sub-Class 1, Others, 1 C; Apoplexy, 1 C; Bronchitis, 19 C; Pneumonia, etc., 1 C; Class V, Sub-Class 4, Others, 1 C; Enteritis, etc., 6 C; Class V, Sub-Class 5, Others, 1 C; Bright's Disease, etc., 1 C; Class V, Sub-Class 8, Others, 1 C; All Other Diseases, 1 C. Total: 2 F, 62 C; All Races, 64.

OUDTSHOORN: Diarrhoea, etc., 2 C; Tuberculosis, 7 C; Class I, Sub-Class 1, Others, 2 C; Cancer, 1 C; Class III, Others, 1 C; Premature Birth, etc., 4 C; Convulsions, 13 C; Class V, Sub-Class 1, Others, 1 C; Heart Disease, etc., 1 C; Apoplexy, 1 C; Bronchitis, 4 C; Pneumonia, etc., 3 C; Enteritis, etc., 2 C; All Other Diseases, 1 C. Total: 43 C.

DEATHS FOR EACH CITY AND TOWN—(continued).

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	23. WORCESTER.									24. GRADOCK.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
<i>Classes of Disease—</i>																				
I.	1	Specific Organisms	6	12	18	39	42	81	45	54	99	11	5	16	25	22	47	36	27	63
III.	2	Parasitic .. ..	..	..	..	1	..	1	1	..	1	..	..	..	1	..	..	..	..	..
IV.	3	Constitutional	1	..	1	4	3	7	5	3	8	2	5	7	1	1	2	3	6	9
	4	Developmental Defects and Degen- eration .. ..	..	4	4	5	3	8	5	7	12	3	1	4	6	4	10	9	5	14
V.	1	Nervous System	2	..	2	10	10	20	12	10	22	5	1	6	8	7	15	13	8	21
	3	Circulatory System	2	3	5	10	4	14	12	7	19	4	4	8	6	6	12	10	10	20
	4	Respiratory System	1	3	4	16	18	34	17	21	38	2	1	3	19	18	37	21	19	40
	5	Alimentary Canal	2	2	4	13	13	26	15	15	30	9	7	16	6	2	8	15	9	24
	6	The Liver .. ..	..	..	..	2	1	3	2	1	3	..	..	..	1	1	2	1	1	2
	8	Urinary System and Organs of Generation .. ..	..	1	1	3	..	3	3	1	4	..	1	1	2	1	3	2	2	4
	9	Parturition .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
VI.		Violence .. ..	..	..	..	2	1	3	2	1	3	1	..	..	2	1	3	2	1	3
VII.		Ill defined or not specified ..	1	..	1	6	4	10	7	4	11	1	..	1	1	4	5	2	4	6
II.																				
V.	2, 7, 10, 11	All Other Diseases	1	2	3	3	2	5	4	4	8	2	1	3	..	1	1	2	2	4
		Total	16	27	43	114	102	216	130	129	259	39	26	65	77	68	145	116	94	210
<i>Diseases in Detail—</i>																				
I.	1	Measles	1	3	4	16	12	28	17	15	32	..	..	..	..	..	..	..	..	..
		Influenza .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
		Diphtheria and Membranous Croup .. ..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	2	2
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever ..	..	..	..	2	1	3	2	1	3	..	..	..	1	..	1	1	..	1
		Diarrhoea and Dysentery ..	3	1	4	4	10	14	7	11	18	..	..	..	8	6	14	8	6	14
		Tuberculosis, including Hæmop- tysis	2	7	9	15	16	31	17	23	40	11	2	13	13	15	28	24	17	41
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene .. ..	..	..	..	1	2	3	1	2	3	..	..	..	..	1	1	..	1	1
		Others .. ..	..	..	..	1	1	2	1	1	2	..	1	1	3	..	3	3	1	4
III.	2	Thrush, Stomatitis .. ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
		Cancer (Malignant Disease) ..	1	..	1	4	3	7	5	3	8	2	5	7	..	..	..	2	5	7
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	1	2
IV.		Premature Birth and Accidents during Birth .. ..	..	1	1	4	1	5	4	2	6	3	..	3	1	1	2	4	1	5
		Malformations .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
		Dentition .. ..	..	1	1	..	..	..	..	1	1	..	..	..	3	3	6	3	3	6
		Old Age (Senile Decay) .. ..	..	1	1	1	2	3	1	3	4	..	..	..	..	..	..	..	..	..
		Others .. ..	..	1	1	..	..	..	..	1	1	..	..	..	2	..	2	..	..	2
V.	1	Acute Inflammation of the Brain and its Membranes ..	1	..	1	1	..	1	2	..	2	1	..	1	..	1	1	1	1	2
		Convulsions	1	..	1	8	7	15	9	7	16	..	1	1	5	5	10	5	6	11
		Others .. ..	..	..	..	1	3	4	1	3	4	4	..	4	3	1	4	7	1	8
	3	Heart Disease, Organic, De- generation, Syncope	2	2	1	9	2	11	11	4	15	2	3	5	6	5	11	8	8	16
		Apoplexy .. ..	..	..	..	1	2	3	1	2	3	..	..	..	..	..	..	..	..	..
		Others .. ..	..	1	1	..	..	..	..	1	1	2	1	3	..	1	1	2	2	4
	4	Bronchitis	1	1	2	6	8	14	7	9	16	1	..	1	10	6	16	11	6	17
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy ..	..	2	2	10	10	20	10	12	22	1	1	2	8	12	20	9	13	22
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	2	1	3	12	12	24	14	13	27	9	5	14	5	2	7	14	7	21
		Others .. ..	..	1	1	1	1	2	1	2	3	..	2	2	1	..	1	1	2	3
	6	The Liver .. ..	..	..	..	2	1	3	2	1	3	..	..	..	1	1	2	1	1	2
	8	Bright's Disease, Nephritis, Uremia .. ..	..	1	1	3	..	3	3	1	4	..	..	..	2	1	3	2	1	3
		Others .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
	9	Parturition .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
VI.		Violence .. ..	..	..	..	2	1	3	2	1	3	..	..	..	2	1	3	2	1	3
VII.		Debility, Atrophy, Inanition ..	1	..	1	5	3	8	6	3	9	..	..	..	..	2	2	..	2	2
		Others .. ..	..	..	..	1	1	2	1	1	2	1	..	1	1	2	3	2	2	4
II.																				
V.	2, 7, 10, 11	All other Diseases	1	2	3	3	2	5	4	4	8	2	1	3	..	1	1	2	2	4

Uncertified Deaths :—WORCESTER : Measles, 8 C ; Influenza, 1 E ; Typhoid, etc., 1 C ; Diarrhoea, etc., 9 C ; Tuberculosis, 7 C ; Thrush, etc., 1 C ; Premature Birth, etc., 2 C ; Old Age, 2 C ; Inflammation of Brain, 1 C ; Convulsions, 9 C ; Heart Disease, etc., 1 C ; Apoplexy, 1 C ; Bronchitis, 1 E, 5 C ; Pneumonia, etc., 5 C ; Enteritis, etc., 3 C ; Parturition, 1 C ; Debility, etc., 1 E, 7 C ; Class VII, Others, 1 C ; All Other Diseases, 2 C. Total, 3 E, 66 C ; All Races, 69.

GRADOCK : Diarrhoea, etc., 14 C ; Tuberculosis, 2 C ; Class I, Sub-Class 1, Others, 1 C ; Class III, Others, 1 C ; Premature Birth, etc., 1 C ; Dentition, 3 C ; Inflammation of Brain, 1 C ; Convulsions, 8 C ; Class V, Sub-Class 1, Others, 2 C ; Bronchitis, 11 C ; Pneumonia, etc., 13 C ; Enteritis, etc., 1 E ; Class V, Sub-Class 8, Others, 1 E ; Violence, 1 C ; Debility, etc., 2 C ; Class VII, Others, 3 C. Total : 2 E, 63 C ; All Races, 65.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the Number of Deaths registered for the Calendar Year 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	25. MIDDELBURG.									26. ALIWAL NORTH.										
			European.			Coloured.			All Races.			European.			Coloured.			All Races.				
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P		
I.	1	Specific Organisms		6	6	12	18	30	48	24	36	60	9	4	13	16	13	29	25	17	42	
III.	2	Parasitic .. ..		..	..	..	1	1	2	1	1	2	..	..	..	1	..	1	1	..	1
		Constitutional		2	..	2	2	1	3	4	1	5	2	1	3	..	..	..	2	1	3
IV.		Developmental Defects and De- generation		2	..	2	3	2	5	5	2	7	1	..	1	9	4	13	10	4	14	
V.	1	Nervous System .. ..		..	1	1	4	1	5	4	2	6	1	..	1	3	..	3	4	..	4
	3	Circulatory System		1	..	1	10	9	19	11	9	20	..	..	..	3	5	8	3	5	8
	4	Respiratory System		10	2	12	19	28	47	29	30	59	3	1	4	13	7	20	16	8	24	
	5	Alimentary Canal		3	3	6	25	27	52	28	30	58	1	1	2	10	2	12	11	3	14	
	6	The Liver .. ..		..	..	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..
	8	Urinary System and Organs of Generation		1	..	1	3	2	5	4	2	6	3	1	4	2	..	2	5	1	6	
VI.	9	Parturition .. ..		..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	1	1
		Violence .. ..		..	..	..	1	..	1	1	..	1	..	..	..	1	1	..	1	1	1
VII.		Ill-defined or not specified ..		2	3	5	5	2	7	7	5	12	..	..	..	1	2	3	1	2	3
V.	2, 7, 10, 11	{ All Other Diseases .. ..		..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
		Total		27	15	42	93	103	196	120	118	238	20	9	29	58	34	92	78	43	121	
<i>Diseases in Detail—</i>																						
I.	1	Measles .. ..		..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
		Influenza .. ..		..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
		Whooping Cough		1	..	1	1	..	1	2	..	2	..	2	2	1	..	1	1	2	3	
		Diphtheria and Membranous Croup .. ..		..	1	1	1	..	1	1	1	2	1	..	1	1	..	1	2	..	2
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever Diarrhoea and Dysentery ..		1	..	1	..	..	..	1	..	1	1	..	1	..	1	1	1	1	2
		Tuberculosis, including Hæmop- tysis		2	3	5	12	24	36	14	27	41	2	..	2	9	6	15	11	6	17	
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene		2	..	2	2	1	3	4	1	5	1	1	2	..	1	1	1	2	3	
		Others .. ..		..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
	2	Thrush, Stomatitis .. ..		..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
		From other Vegetable and Animal Parasites .. ..		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
III.		Cancer (Malignant Disease) ..		2	..	2	..	..	..	2	..	2	2	1	3	..	..	..	2	1	3
IV.		Others .. ..		..	..	..	2	1	3	2	1	3	..	..	..	..	..	..	..	..	..
		Premature Birth and Accidents during Birth		1	..	1	2	2	4	3	2	5	1	..	1	7	4	11	8	4	12	
		Old Age (Senile Decay)		1	..	1	1	..	1	2	..	2	..	..	..	1	..	1	1	..	1
		Others .. ..		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
V.	1	Acute Inflammation of the Brain and its Membranes ..		..	1	1	3	..	3	3	1	4	1	..	1	1	..	1	2	..	2
		Convulsions .. ..		..	..	..	1	..	1	1	..	1	..	..	..	1	..	1	1	..	1
		Others .. ..		..	..	..	..	1	1	..	1	1	..	..	..	1	..	1	1	..	1
	3	Heart Disease, Organic, Degener- ation, Syncope		1	..	1	8	8	16	9	8	17	..	..	..	3	3	6	3	3	6
		Apoplexy .. ..		..	..	..	2	1	3	2	1	3	..	..	..	..	1	1	..	1	1
		Others .. ..		..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
	4	Bronchitis		1	..	1	1	3	4	2	3	5	..	1	1	4	..	4	4	1	5	
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy ..		9	2	11	18	24	42	27	26	53	2	..	2	8	7	15	10	7	17	
		Others .. ..		..	..	..	..	1	1	..	1	1	1	..	1	1	..	1	2	..	2
	5	Enteritis, Gastro-Enteritis, Ma- rasmus		2	3	5	25	25	50	27	28	55	1	1	2	10	2	12	11	3	14	
		Others		1	..	1	..	2	2	1	2	3	..	..	..	..	..	..	..	..	..
	6	The Liver .. ..		..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
	8	Bright's Disease, Nephritis, Uræmia		1	..	1	3	2	5	4	2	6	3	1	4	2	..	2	5	1	6	
		Parturition .. ..		..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
VI.		Violence .. ..		..	..	..	1	..	1	1	..	1	..	..	..	..	1	1	..	1	1
VII.		Debility, Atrophy, Inanition ..		2	3	5	3	2	5	5	5	10	..	..	..	1	1	2	1	1	2
II.	V.	{ Others .. ..		..	..	..	2	..	2	2	..	2	..	..	..	..	1	1	..	1	1
		{ All other Diseases .. ..		..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..

Uncertified Deaths :—MIDDELBURG: Whooping Cough, 1 E. 1 C; Diarrhœa, 5 C; Tuberculosis, 10 C; Class I, Sub-Class 1, Others, 1 C; Class III, Others, 2 C; Premature Birth, etc., 2 C; Inflammation of Brain, 1 C; Convulsions, 1 C; Heart Disease, 3 C; Bronchitis, 3 C; Pneumonia, etc., 16 C; Enteritis, etc., 19 C; Bright's Disease, etc., 2 C; Debility, etc., 1 E, 3 C; Class VII, Others, 2 C. Total, 2 E, 71 C; All Races, 73.

ALI WAL NORTH: Whooping Cough, 1 E; Diphtheria, etc., 1 C; Diarrhœa, etc., 4 C; Tuberculosis, 1 C; Pre-
mature Birth, etc., 2 C; Class IV, Others, 1 C; Heart Disease, 1 C; Pneumonia, etc., 2 C; Class VII,
Others, 1 C. Total, 1 E, 13 C.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	27. BEAUFORT WEST.									28. SOMERSET EAST.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Specific Organisms	12	6	18	36	42	78	48	48	96	5	6	11	29	40	69	34	46	80
	2	Parasitic .. ..	..	..	..	..	1	1	..	1	1	..	..	..	1	1	2	1	1	2
III.		Constitutional .. ..	..	1	1	1	..	1	1	1	2	..	3	3	2	3	5	2	6	8
IV.		Developmental Defects and De- generation .. ..	..	2	2	7	4	11	7	6	13	..	2	2	7	6	13	7	8	15
V.	1	Nervous System	2	..	2	2	6	8	4	6	10	1	2	3	3	7	10	4	9	13
	3	Circulatory System	2	1	3	3	7	10	5	8	13	2	2	4	2	2	4	4	4	8
	4	Respiratory System	3	3	6	16	17	33	19	20	39	1	4	5	21	11	32	22	15	37
	5	Alimentary Canal.. ..	3	..	3	9	6	15	12	6	18	1	3	4	8	4	12	9	7	16
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
	8	Urinary System and Organs of Generation .. ..	..	..	..	..	1	1	..	1	1	1	1	2	..	..	..	1	1	2
	9	Parturition .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
VI.		Violence .. ..	..	1	1	..	..	..	..	1	1	1	..	1	..	..	..	1	..	1
VII.		Ill defined or not specified .. ..	..	..	..	2	2	4	2	2	4	..	..	..	1	1	2	1	1	2
II.		All Other Diseases .. ..	..	..	..	2	2	4	2	2	4	..	..	..	1	..	1	..	..	1
V.	2, 7, 10, 11		..	..	..	2	2	4	2	2	4	..	..	..	1	..	1	..	..	1
		Total	22	14	36	78	88	166	100	102	202	13	23	36	75	75	150	88	98	186
<i>Diseases in Detail—</i>																				
I.	1	Measles	3	2	5	11	12	23	14	14	28	1	3	4	8	1	9	9	4	13
		Influenza .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
		Whooping Cough	3	2	5	3	2	5	6	4	10	..	..	..	1	1	2	1	1	2
		Diphtheria and Membranous Croup	1	..	1	..	..	..	1	..	1	..	..	..	..	2	2	..	2	2
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever .. ..	..	1	1	3	1	4	3	2	5	..	..	..	..	..	..	..	..	..
		Diarrhoea and Dysentery	1	..	1	11	4	15	12	4	16	1	1	2	1	8	9	2	9	11
		Tuberculosis, including Hæmop- tysis	4	1	5	7	22	29	11	23	34	3	1	4	15	26	41	18	27	45
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene .. ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
		Others .. ..	..	..	..	..	1	1	..	1	1	..	..	..	4	2	6	4	2	6
	2	Thrush, Stomatitis .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
		From other Vegetable and Animal Parasites .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	1	2
III.		Cancer (Malignant Disease) .. ..	..	1	1	1	..	1	1	1	2	..	3	3	2	3	5	2	6	8
IV.		Premature Birth and Accidents during Birth .. ..	..	..	..	4	1	5	4	1	5	..	1	1	4	4	8	4	5	9
		Malformations .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
		Dentition .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
		Old Age (Senile Decay) .. ..	..	1	1	3	3	6	3	4	7	..	..	..	3	2	5	3	2	5
V.	1	Acute Inflammation of the Brain and its Membranes .. ..	..	..	..	..	1	1	..	1	1	..	2	2	1	3	4	1	5	6
		Convulsions	1	..	1	..	4	4	1	4	5	..	..	..	1	3	4	1	3	4
		Others	1	..	1	2	1	3	3	1	4	1	..	1	1	1	2	2	1	3
	3	Heart Disease, Organic, De- generation, Syncope	2	1	3	2	6	8	4	7	11	1	2	3	1	2	3	2	4	6
		Apoplexy .. ..	..	..	..	1	1	2	1	1	2	1	..	1	..	..	1	..	1	1
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1
	4	Bronchitis	3	3	6	11	6	17	14	9	23	..	..	..	5	4	9	5	4	9
		Pneumonia, Inflammation, Con- gestion of Lungs and Pleurisy .. ..	..	..	..	5	11	16	5	11	16	..	4	4	16	7	23	16	11	27
		Others .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	1	1
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	3	..	3	8	5	13	11	5	16	1	3	4	8	4	12	9	7	16
		Others .. ..	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
	8	Bright's Disease, Nephritis Uræmia .. ..	..	..	..	..	1	1	..	1	1	1	..	1	..	..	..	1	..	1
		Others .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	1	1
VI.		Violence .. ..	..	1	1	..	..	..	..	1	1	1	..	1	..	..	..	1	..	1
VII.		Debility, Atrophy, Inanition .. ..	..	..	..	2	1	3	2	1	3	..	..	..	..	1	1	..	1	1
		Others .. ..	..	..	..	..	1	1	..	1	1	..	..	..	1	..	1	1	..	1
II.		All other Diseases .. ..	..	..	..	2	2	4	2	2	4	..	..	..	1	..	1	1	..	1
V.	2, 7, 10, 11		..	..	..	2	2	4	2	2	4	..	..	..	1	..	1	1	..	1

Uncertified Deaths :—BEAUFORT WEST : Measles, 5 C ; Whooping Cough, 4 C ; Diarrhoea, etc., 5 C ; Tuberculosis, 9 C ; Cancer, 1 C ; Premature Birth, etc., 1 C ; Old Age, 3 C ; Inflammation of Brain, 1 C ; Convulsions, 2 C ; Heart Disease, 3 C ; Apoplexy, 2 C ; Bronchitis, 3 C ; Pneumonia, etc., 4 C ; Enteritis, etc., 2 C ; Bright's Disease, etc., 1 C ; Class, VII. Others, 1 C ; All Other Diseases, 1 C ; Total, 48 C.
SOMERSET EAST : Measles, 2 C ; Diarrhoea, etc., 3 C ; Tuberculosis, 4 C ; Cancer, 1 C ; Premature Birth, etc., 2 C ; Old Age, 1 C ; Convulsions, 4 C ; Heart Disease, 1 C ; Bronchitis, 1 C ; Pneumonia, etc., 6 C ; Enteritis, 1 C ; Debility, etc., 1 C ; Total, 27 C.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	29. STELLENBOSCH.									30. WELLINGTON.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
<i>Classes of Disease—</i>																				
I.	1	Specific Organisms	3	2	5	20	22	42	23	24	47	3	3	6	11	15	26	14	18	32
III.	2	Parasitic .. ..	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
IV.		Constitutional	2	1	3	..	1	1	2	2	4	..	..	..	..	1	1	..	1	1
		Developmental Defects and De- generation	2	..	2	3	3	6	5	3	8	1	1	2	1	3	4	2	4	6
V.	1	Nervous System	1	1	2	6	2	8	7	3	10	1	..	1	3	1	4	4	1	5
	3	Circulatory System	1	4	5	1	6	7	2	10	12	3	2	5	2	..	2	5	2	7
	4	Respiratory System	2	1	3	5	12	17	7	13	20	1	..	1	13	10	23	10	10	24
	5	Alimentary Canal	2	3	5	16	15	31	18	18	36	2	2	4	6	4	10	8	6	14
	6	The Liver	1	..	1	..	..	..	1	..	1	1	1	2	1	..	1	2	1	3
	8	Urinary System and Organs of Generation .. ..	..	2	2	..	1	1	..	3	3	1	1	2	1	..	1	2	1	3
	9	Parturition .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
VI.		Violence .. ..	..	..	..	2	..	2	2	..	2	1	..	1	1	..	1	2	..	2
VII.		Ill defined or not specified .. ..	..	..	..	..	..	..	..	..	..	..	1	1	4	1	5	4	2	6
II.		All Other Diseases .. ..	..	..	..	3	2	5	3	2	5	..	..	..	1	2	3	1	2	3
V.	2, 7, 10, 11		..	..	..	3	2	5	3	2	5	..	..	..	1	2	3	1	2	3
		Total	14	14	28	57	66	123	71	80	151	14	11	25	44	37	81	58	48	106
<i>Diseases in Detail—</i>																				
I.	1	Measles .. ..	..	..	..	5	4	9	5	4	9	..	..	..	..	..	..	..	..	..
		Influenza	1	..	1	..	1	1	1	1	2	..	..	..	..	..	..	..	..	..
		Whooping Cough .. ..	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
		Diphtheria and Membranous Croup .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	1	1	2
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever Diarrhoea and Dysentery .. ..	..	..	..	1	..	1	1	..	1	..	..	..	3	2	5	3	2	5
		Tuberculosis, including Hæmop- tysis .. ..	..	1	1	10	14	24	10	15	25	1	2	3	6	6	12	7	8	15
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene	2	1	3	3	..	3	5	1	6	..	..	..	..	..	..	..	..	..
		Others .. ..	..	..	..	..	2	2	..	2	2	1	..	1	..	2	2	1	2	3
	2	Thrush, Stomatitis .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
		From Other Vegetable and Animal Parasites .. ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
III.		Cancer (Malignant Disease) ..	2	1	3	..	1	1	2	2	4	..	..	..	..	1	1	..	1	1
IV.		Premature Birth and Accidents during Birth	2	..	2	3	3	6	5	3	8	..	..	..	..	..	..	..	..	..
		Malformations .. ..	..	..	..	..	..	..	..	..	..	1	1	2	1	..	1	2	1	3
		Dentition .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
		Old Age (Senile Decay) .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
V.	1	Acute Inflammation of the Brain and its Membranes .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
		Convulsions .. ..	..	..	..	4	1	5	4	1	5	..	..	..	1	1	2	1	1	2
		Others	1	1	2	2	1	3	3	2	5	..	..	..	2	..	2	2	..	2
	3	Heart Disease, Organic, De- generation, Syncope .. ..	..	2	2	1	3	4	1	5	6	2	2	4	2	..	2	4	2	6
		Apoplexy	1	1	2	..	3	3	1	4	5	..	..	..	..	..	..	..	..	..
		Others .. ..	..	1	1	..	..	..	..	1	1	1	..	1	..	..	..	1	..	1
	4	Bronchitis .. ..	..	..	..	2	5	7	2	5	7	1	..	1	8	4	12	9	4	13
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy	2	1	3	3	7	10	5	8	13	..	..	..	3	6	9	3	6	9
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	2	..	2
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	2	3	5	16	14	30	18	17	35	2	2	4	5	4	9	7	6	13
		Others .. ..	..	..	..	..	1	1	..	1	1	..	..	..	1	..	1	1	..	1
	6	The Liver	1	..	1	..	..	..	1	..	1	1	1	2	1	..	1	2	1	3
	8	Bright's Disease, Nephritis, Uremia .. ..	..	2	2	..	1	1	..	3	3	1	..	1	..	..	..	1	..	1
		Others .. ..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	1	1	2
	9	Parturition .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
VI.		Violence .. ..	..	..	..	2	..	2	2	..	2	1	..	1	1	..	1	2	..	2
VII.		Debility, Atrophy, Inanition ..	..	..	..	..	..	..	..	..	..	..	1	1	3	1	4	3	2	5
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
II.		All other Diseases .. ..	..	..	..	3	2	5	3	2	5	..	..	..	1	2	3	1	2	3
V.	2, 7, 10, 11		..	..	..	3	2	5	3	2	5	..	..	..	1	2	3	1	2	3

Uncertified Deaths:—STELLENBOSCH: Measles, 1 C; Class I, Sub-Class 1, Others, 1 C; Cancer, 1 E; Premature Birth, etc., 2 C; Convulsions, 5 C; Bronchitis, 1 C; Pneumonia, etc., 1 E, 1 C; Enteritis, etc., 3 C; Total: 2 E, 14 C; All Races, 16.

WELLINGTON: Tuberculosis, 2 C; Convulsions, 1 C; Bronchitis, 2 C; Pneumonia, 1 C; Class V, Sub-Class 4, Others, 1 C; Liver, 1 C; Debility, etc., 1 E, 1 C; Class VII, Others, 1 C; Total: 1 E, 10 C.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	31. MOSSEL BAY.									32. MALMESBURY.										
			European.			Coloured.			All Races.			European.			Coloured.			All Races.				
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P		
I.	1	Classes of Disease—		5	1	6	19	16	35	24	17	41	2	6	8	16	11	27	18	17	35	
III.	2	Specific Organisms .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
IV.	3	Parasitic .. ..	..	..	..	1	2	3	1	2	3	1	1	2	..	1	1	1	2	3	3
V.	4	Constitutional	2	..	2	1	2	3	3	2	5	..	..	..	1	1	2	1	1	2	2
	1	Developmental Defects and Degeneration	5	2	7	7	9	16	12	11	23	1	1	2	3	3	6	4	4	8	8	
	3	Nervous System .. ..	..	..	..	..	..	..	..	..	..	6	..	6	2	1	3	8	1	9	9
	4	Circulatory System .. ..	..	3	3	7	7	14	7	10	17	2	..	2	9	4	13	11	4	15	15
	5	Respiratory System .. ..	..	1	4	5	8	7	15	9	11	20	1	..	1	4	..	4	5	..	5
	6	Alimentary Canal.. ..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
	8	The Liver .. ..	..	1	1	..	..	..	..	1	1	1	1	..	1	..	..	1	..	..	..
	9	Urinary System and Organs of Generation .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
VI.	9	Parturition .. ..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..
VII.	9	Violence	2	..	2	..	..	..	2	..	2	1	..	1	..	..	..	1	..	1	
II.	9	Ill defined or not specified	1	..	1	1	1	2	2	1	3	..	..	..	3	2	5	3	2	5	
V.	2, 7, 10, 11	All Other Diseases .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
		Total	16	11	27	44	46	90	60	57	117	16	8	24	38	23	61	54	31	85		
Diseases in Detail—																						
I.	1	Influenza .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1
III.		Typhoid (Enteric) Fever, Simple .. ..	..	..	..	..	1	1	..	1	1	..	2	2	..	1	1	..	3	3	3
		Continued Fever, Malarial, Remittent Fever and Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Diarrhoea and Dysentery	2	..	2	..	1	1	2	1	3	..	..	..	2	..	2	2	..	2	2
		Tuberculosis, including Hemoptysis	2	1	3	14	13	27	16	14	30	2	4	6	11	9	20	13	13	26	26	
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene	1	..	1	2	..	2	3	..	3	..	..	..	..	..	..	..	..	..	..
		Others .. ..	..	..	..	3	1	4	3	1	4	..	..	..	3	..	3	3	..	3	3
		Cancer (Malignant Disease) .. ..	..	..	..	1	2	3	1	2	3	1	1	2	..	1	1	1	2	3	3
		Premature Birth and Accidents during Birth	1	..	1	..	1	1	1	1	2	..	..	..	1	..	1	1	..	1	1
IV.		Old Age (Senile Decay) .. ..	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
V.		Others	1	..	1	..	..	1	..	1	..	..	..	1	1	..	1	1	..	1	
		Acute Inflammation of the Brain and its Membranes .. ..	..	..	..	1	..	1	1	..	1	1	..	1	3	2	5	4	2	6	6
		Convulsions	4	2	6	6	8	14	10	10	20	..	..	..	..	..	..	..	..	..	2
		Others	1	..	1	..	1	1	1	1	2	..	1	1	..	1	1	..	2	2	2	
3	Heart Disease, Organic, Degeneration, Syncope .. ..	..	..	..	..	..	..	..	..	..	5	..	5	1	1	2	6	1	7	7	
	Apoplexy .. ..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	2	..	2	2	
	Bronchitis .. ..	..	3	3	5	4	9	5	7	12	..	..	..	..	..	..	..	..	..	..
4	Pneumonia, Inflammation, Congestion of Lungs, Pleurisy .. ..	..	..	..	2	3	5	2	3	5	2	..	2	9	4	13	11	4	15	15	
VI.		Enteritis, Gastro-Enteritis, Marasmus	1	4	5	8	6	14	9	10	19	1	..	1	4	..	4	5	..	5	5	
		Others .. ..	..	..	..	..	1	1	..	1	1	..	..	1	..	..	..	1	..	1	1
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	1
		Bright's Disease, Nephritis, Uremia .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
		Others .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	1
	9	Diseases of Parturition .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	1	..	1	1
	VII.	9	Violence	2	..	2	..	..	..	2	..	2	1	..	1	..	..	..	1	..	1
	II.	9	Debility, Atrophy, Inanition .. ..	..	..	..	..	1	1	..	1	1	..	..	..	3	2	5	3	2	5
V.	2, 7, 10, 11	Others	1	..	1	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..
		All other Diseases .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..

Class No.	Sub-Class No.	DISEASES.	33. CALEDON.									34. GEORGE.									
			European.			Coloured.			All Races.			European.			Coloured.			All Races.			
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	
I.	1	Classes of Disease—		2	3	5	4	7	11	6	10	16	3	1	4	11	14	25	14	15	29
III.	2	Specific Organisms .. ..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	1	1	2
IV.	3	Parasitic .. ..	..	..	..	1	..	1	1	..	1	..	2	1	3	..	1	1	2	2	4
V.	4	Constitutional	1	2	3	..	1	1	1	3	4	1	..	1	1	2	3	2	2	4	4
	1	Developmental Defects and Degeneration .. ..	..	1	1	..	1	1	..	2	2	..	2	2	3	4	7	3	6	9	9
	3	Nervous System	2	..	2	..	..	..	2	..	2	..	2	2	1	2	1	3	4	4	4
	4	Circulatory System	1	1	2	1	1	2	2	2	4	2	2	4	6	2	8	8	4	12	12
	5	Respiratory System .. ..	..	1	2	3	2	5	4	3	7	1	..	1	..	1	1	1	1	2	2
	6	Alimentary Canal.. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	1
	8	The Liver .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	1
	9	Urinary System and Organs of Generation	2	1	3	1	..	1	3	1	4	1	1	2	4	1	5	5	2	7	7
VI.	9	Parturition .. ..	..	1	1	..	1	1	..	2	2	..	..	..	..	..	..	..	..	..
VII.	9	Violence .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	
II.	9	Ill defined or not specified	1	..	1	2	..	2	3	..	3	..	..	..	1	..	1	1	..	1	
V.	2, 7, 10, 11	All Other Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	2	2	2	
		Total	10	10	20	12	13	25	22	23	45	12	11	23	27	28	55	39	39	78	

Uncertified Deaths :—MOSSEL BAY: Tuberculosis, 2 C; Class I, Sub-Class 1, Others, 1 C; Cancer, 1 C; Old Age, 2 C; Convulsions, 1 E, 9 C; Bronchitis, 1 C; Pneumonia, etc., 1 C; Enteritis, etc., 1 C; Debility, etc., 1 C; Class VII, Others, 1 C. Total: 1 E, 20 C.
MALMESBURY: Influenza, 1 C; Tuberculosis, 1 C; Heart Disease, 1 E; Debility, etc., 2 C. Total: 1 E, 4 C.
CALEDON: Bronchitis, 1 E.
GEORGE: Tuberculosis, 3 C; Class I, Sub-Class 2, Others, 1 E; Convulsions, 3 C; Heart Disease, 1 C; Bronchitis, 1 C; Pneumonia, etc., 1 E, 1 C; All Other Diseases, 1 C. Total: 2 E, 10 C, All Races, 12.

DEATHS FOR EACH CITY AND TOWN—(continued).

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ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	33. CALEDON.—(Continued.)									34. GEORGE.—(Continued.)								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
III. IV. V.	1	<i>Diseases in Detail.</i> Diphtheria and Membranous Croup	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	...	...	...	2	2	4	2	2	4	...	...	...	...	...	...	...	...	...
		Diarrhoea and Dysentery	...	1	1	...	...	...	...	1	1	...	...	...	...	1	1	...	1	1
		Tuberculosis, including Hæmoptysis	1	2	3	2	4	6	3	6	9	3	1	4	10	13	23	13	14	27
		Others	1	...	1	...	...	...	1	...	1	...	...	...	1	...	1	...	1	1
	2	From other Vegetable and Animal Parasites	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	1	1	2
		Cancer (Malignant Disease)	...	...	...	1	...	1	1	...	1	2	1	3	...	1	1	2	2	4
		Premature Birth and Accidents during Birth	...	1	1	...	1	1	...	2	2	...	...	...	...	...	...	...	...	...
		Old Age (Senile Decay)	1	1	2	...	...	...	1	1	2	1	...	1	1	2	3	2	2	4
	1	Acute Inflammation of the Brain and its Membranes	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	2	2
VI. VII. II. V.		Convulsions	...	1	1	...	1	1	...	2	2	...	...	...	3	2	5	3	2	5
		Others	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	2	2
	3	Heart Disease, Organic, Degeneration, Syncope	2	...	2	...	...	...	2	...	2	...	1	1	...	1	1	...	2	2
		Apoplexy	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	1	1	2
	4	Bronchitis	...	1	1	1	...	1	1	1	2	1	1	2	4	1	5	5	2	7
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	1	...	1	...	1	1	1	1	2	1	1	2	2	1	3	3	2	5
	5	Enteritis, Gastro-Enteritis, Marasmus	1	...	1	3	2	5	4	2	6	1	...	1	...	1	1	1	1	2
		Others	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
	6	The Liver	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1
	8	Bright's Disease, Nephritis, Uræmia	2	...	2	1	...	1	3	...	3	1	1	2	4	1	5	5	2	7
VI. VII. II. V.		Others	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
	9	Parturition	...	1	1	...	1	1	...	2	2	...	...	...	...	...	...	...	...	...
		Violence	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1
		Debility, Atrophy, Inanition	1	...	1	2	...	2	3	...	3	...	...	...	1	...	1	1	...	1
	2, 7, 10, 11	All other Diseases	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	2	2	2
Class No.	Sub-Class No.	DISEASES.	35. DE AAR.									36. ROBERTSON.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I. III. IV. V.	1	<i>Classes of Diseases.</i> Specific Organisms	2	2	4	9	14	23	11	16	27	3	4	7	10	6	16	13	10	23
	2	Parasitic	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
		Constitutional	...	1	1	3	1	4	3	2	5	1	...	1	2	...	2	3	...	3
		Developmental Defects and Degeneration.	1	...	1	...	2	2	1	2	3	4	1	5	3	...	3	7	1	8
	1	Nervous System	...	...	...	...	...	...	...	...	...	...	1	1	5	6	11	5	7	12
	3	Circulatory System	...	2	2	...	2	2	...	4	4	...	2	2	2	4	2	4	6	6
	4	Respiratory System	1	1	2	10	12	22	11	13	24	4	3	7	5	10	15	9	13	22
	5	Alimentary Canal	2	...	2	3	5	8	5	5	10	...	1	1	1	1	2	1	2	3
	6	The Liver	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
	8	Urinary System and Organs of Generation.	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	1	1	2
VI. VII. II. V.	9	Parturition	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
		Violence	2	...	2	1	...	1	3	...	3	...	...	...	...	...	...	...	...	...
		Ill defined or not specified	...	...	...	2	...	2	2	...	2	...	...	...	1	1	2	1	1	2
	2, 7, 10, 11	All other Diseases	...	...	...	2	1	3	2	1	3	...	1	1	1	3	4	1	4	5
		Total	8	6	14	31	38	69	39	44	83	13	14	27	30	30	60	43	44	87
I. III. IV.	1	<i>Diseases in Detail—</i> Chicken-pox	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1
		Measles	...	...	...	3	3	6	3	3	6	...	...	...	1	...	1	1	...	1
		Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	1
		Diphtheria and Membranous Croup	...	...	...	...	1	1	...	1	1	...	...	...	1	...	1	1	...	1
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever, and Fever.	1	1	2	...	1	1	1	2	3	1	...	1	...	...	...	1	...	1
		Diarrhoea and Dysentery	...	...	...	1	...	1	1	...	1	1	1	2	2	1	3	3	2	5
		Tuberculosis, including Hæmoptysis.	1	...	1	5	8	13	6	8	14	1	2	3	5	4	9	6	6	12
		Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene.	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
		Puerperal Fever	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
		Others	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
III. IV.	2	Thrush, Stomatitis	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
		Cancer (Malignant Disease)	...	1	1	2	1	3	2	2	4	1	...	1	1	...	1	2	...	2
		Others	...	...	...	1	...	1	1	...	1	...	...	...	1	...	1	1	...	1
		Premature Birth and Accidents during Birth.	...	...	...	...	...	...	...	...	...	2	1	3	3	...	3	5	1	6
		Old Age (Senile Decay)	...	...	...	...	2	2	...	2	2	2	...	2	...	...	...	2	...	2
		Others	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...

Uncertified Deaths:—DE AAR: Tuberculosis, 2 C; Cancer, 1 C; Bronchitis, 1 C; Pneumonia, etc., 3 C. Total: 7 C.
(Included above) ROBERTSON: Diphtheria, 1 C; Diarrhoea, etc., 3 C; Tuberculosis, 2 C; Cancer, 1 C; Premature Birth, etc., 2 C; Convulsions, 6 C; Heart Disease, 1 C; Apoplexy, 1 C; Bronchitis, 2 C; Pneumonia, etc., 2 C; Debility, etc., 1 C; Class VII, Others, 1 C; All Other Diseases, 1 C. Total: 24 C.

DEATHS FOR EACH CITY AND TOWN—(continued).

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	35. DE AAR—(continued).									36. ROBERTSON—(continued).																			
			European.			Coloured.			All Races.			European.			Coloured.			All Races.													
V.	1	Diseases in Detail—											M	F	P	M	F	P	M	F	P	M	F	P	M	F	P				
		Convulsions	4	5	9	4	5	9	4	5	9	4	5	9				
		Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	2	3	1	2	3	1	2	3
	3	Heart Disease, Organic, De-generation, Syncope.											...	2	2	...	2	2	...	4	4	...	1	1	1	2	3	4			
		Apoplexy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	2
		Bronchitis ... ..	...	...	...	1	3	4	1	3	4	...	...	...	1	3	4	1	3	4	1	3	4	1	3	4
	4	Pneumonia, Inflammation, Con-gestion of Lungs, Pleurisy.											1	1	2	9	9	18	10	10	20	4	3	7	4	7	11	8	10	18	
		Enteritis, Gastro-Enteritis, Ma-rasmus.	1	...	1	3	5	8	4	5	9	...	1	1	...	1	1	...	2	2	...	1	1	...	2	2					
		Others	1	...	1	...	...	...	1	...	1	...	...	...	1	...	1	1	...	1	...	...	1	...	...	...		
	6	The Liver	1	...	1	1	...	1			
		8	Bright's Disease, Nephritis, Uræmia.											1	1	1	1			
Others ... ..			...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1	...	...	1	...	1	
9	Parturition ... ..											...	...	...	...	1	1	...	1	...	...	...	...	...	...	...
	VII.	Violence											2	...	2	1	...	1	3	...	3				
		Debility, Atrophy, Inanition	2	...	2	...	2	1	1	...	1				
II.		V.	2, 7, 10, 11	All other Diseases	2	1	3	2	1	3	...	1	1	1	3	4	1	4	5

Class No.	Sub-Class No.	DISEASES.	37. SOMERSET WEST STRAND.									38. KOKSTAD.																		
			European.			Coloured.			All Races.			European.			Coloured.			All Races.												
I.	2	Classes of Disease—											M	F	P	M	F	P	M	F	P	M	F	P	M	F	P			
		Specific Organisms	3	6	9	9	9	18	12	15	27	1	1	2	14	9	23	15	10	25	1	1	2	1	1	2	1	1	2	
III.	IV.	Parasitic .. ..	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
		Constitutional	1	...	1	...	2	2	1	2	3	...	...	...	...	2	2	...	2	2	...	...	...	...	...	...	...
V.	1	Developmental Defects and De-generation											...	2	2	3	1	4	3	3	6	...	...	...	1	2	3	...	...
		Nervous System	1	...	1	4	1	5	5	1	6	1	...	1	1	1	2	2	1	3	...	...	...	1	1	...	...	
VI.	3	Circulatory System											2	...	2	2	1	3	4	1	5	...	1	1	...	...	...	1	1
		Respiratory System	2	...	2	7	2	9	9	2	11	2	1	3	3	2	5	5	3	8	...	...	...	...	...	...	...	...
VII.	5	Alimentary Canal											2	...	2	4	3	7	6	3	9	1	...	1	4	3	7	5	3	8
		The Liver .. ..	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	2	...	...	...	...	...	...	...
VIII.	8	Urinary System and Organs of Generation											...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Parturition .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	2	2	...	...	...	...	...	...	...
IX.	9	Violence .. ..											...	...	...	4	1	5	4	1	5	...	...	...	...	...	...	...	...
		Ill defined or not specified											...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
X.	2, 7, 10, 11	All other Diseases .. ..											...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
		Total											11	8	19	33	20	53	44	28	72	6	3	9	26	25	51	32	28	60

I.	1	Diseases in Detail—											M	F	P	M	F	P	M	F	P	M	F	P	M	F	P			
		Measles ... ..	...	1	1	1	...	1	1	1	2	...	...	...	1	...	1	1	...	1	...	1	...	1	...	1	...	1		
		Influenza ... ..	...	1	1	...	...	...	...	1	1	...	...	...	1	...	1	1	...	1	...	1	...	1	...	1	...			
	2	Whooping Cough ... ..											...	...	...	...	...	...	...	...	1	...	1	2	2	4	3	2	5	
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever											...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	2		
		Diarrhoea and Dysentery ...											1	1	2	1	1	2	2	2	4	...	...	...	1	2	3	1	2	3
	3	Tuberculosis, including Hæmop-tysis.											1	2	3	4	5	9	5	7	12	...	1	1	5	3	8	5	4	9
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene.											1	1	2	3	2	5	4	3	7	...	...	...	1	...	1	1	...	1
		Others ... ..											...	...	...	...	1	1	...	1	1	...	...	...	1	2	3	1	2	3
	III.	2	Thrush, Stomatitis ... ..											...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	1
			Cancer (Malignant Disease) ...											...	...	...	...	...	1	1	...	1	...	...	...	1	1	...	1	1
Others											1	...	1	...	1	1	1	1	2	...	...	...	...	1	1	...	1	1		
IV.	1	Premature Birth and Accidents during Birth											...	1	1	3	1	4	3	2	5	...	...	...	1	2	3	1	2	3
		Malformations ... ..											...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...
		Acute Inflammation of the Brain and its Membranes											...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...
V.	1	Convulsions ... ..											...	...	...	2	1	3	2	1	3	...	...	...	1	1	2	1	1	2
		Others											1	...	1	1	...	1	2	...	2	1	...	1	...	...	1	...	1	
		3	Heart Disease, Organic, De-generation, Syncope											2	...	2	2	1	3	4	1	5	...	1	1	1	1	1
4	Bronchitis ... ..											...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...
	Pneumonia, Inflammation, Con-gestion of Lungs, Pleurisy											2	...	2	6	2	8	8	2	10	2	1	3	2	2	4	4	3	7	
	5	Others ... ..											...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1
Enteritis, Gastro-Enteritis, Ma-rasmus											1	...	1	4	3	7	5	3	8	1	...	1	4	3	7	5	3	8		
Others											1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
VI.	6	The Liver ... ..											...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	2
		8	Bright's Disease, Nephritis, Uræmia											...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	2	2
			Others	1	1	...	1	1	1
VII.	9		Parturition	2	2	...	2	2
		Violence ... ..											...	...	...	4	1	5	4	1	5	...	...	...	...	...	...	...	...	...
		Debility, Atrophy, Inanition ...											...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1
II.	V.	2, 7, 10, 11	All other Diseases ... ..											...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1

Uncertified Deaths:—SOMERSET WEST STRAND: Measles, 1 E; Tuberculosis, 1 C; Class I, Sub-Class 1, Others, 1 C; Premature Birth, etc., 2 C; Convulsions, 1 C; Pneumonia, etc., 1 E, 1 C; Violence, 1 C. Total: 2 E, 7 C; All Races, 9.
KOKSTAD: Tuberculosis, 1 C; Convulsions, 2 C; Heart Disease, 1 E; Pneumonia, 1 E; Liver, 1 C. Total, 2 E, 4 C; All Races, 6.

DEATHS FOR EACH CITY AND TOWN—(continued).

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ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	39. VRYBURG.									40. BURGHERSDORP.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Specific Organisms	4	2	6	6	13	19	10	15	25	5	7	12	11	14	25	16	21	37
	2	Parasitic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	3	Constitutional .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
III.	4	Developmental Defects and Degeneration	1	3	4	2	2	4	3	5	8	1	2	2	..	2	2	1	4	4
V.	1	Nervous System .. ..	..	..	..	2	2	4	2	2	4	1	..	1	..	..	1	..	1	1
	3	Circulatory System .. ..	..	..	..	1	..	1	1	..	1	..	..	2	4	6	2	4	6	6
	4	Respiratory System	1	2	3	19	23	42	20	25	45	..	..	..	3	6	9	3	6	9
VI.	5	Alimentary Canal .. ..	..	2	2	..	..	..	..	2	2	1	1	2	3	2	5	4	3	7
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	1
	8	Urinary System and Organs of Generation .. ..	..	1	1	..	..	..	..	1	1	1	..	1	1	..	1	2	..	2
VII.	9	Parturition .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10	Violence .. ..	..	..	..	1	..	1	1	..	1	..	..	..	2	2	..	2	2	2
	11	Ill defined or not specified .. ..	..	..	..	..	2	2	..	2	2	1	..	1	2	2	4	3	2	5
V.	2, 7, 10, 11	All other Diseases .. ..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	1	1	2
		Total	6	10	16	31	42	73	37	52	89	10	11	21	23	33	56	33	44	77
Diseases in Detail—																				
I.	1	Measles .. ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
	2	Scarlet Fever .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
	3	Influenza .. ..	..	..	..	2	3	5	2	3	5	..	1	1	..	..	..	..	1	1
III.	4	Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	2	..	2	1	3	4	3	3	6
	5	Diphtheria and Membranous Croup .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	2	2	2
	6	Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	3	..	3	..	..	..	3	..	3	1	..	1	1	..	1	2	..	2
IV.	7	Diarrhoea and Dysentery .. ..	..	2	2	1	1	2	1	3	4	..	2	2	5	4	9	5	6	11
	8	Tuberculosis, including Hemoptysis	1	..	1	..	7	7	1	7	8	2	4	6	4	5	9	6	9	15
	9	Others .. ..	..	..	..	2	1	3	2	1	3	..	..	..	..	..	..	..	..	..
V.	10	Cancer (Malignant Disease) .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
	11	Premature Birth and Accidents during Birth	1	2	3	..	2	2	1	4	5	..	1	1	..	1	1	..	2	2
	12	Dentition .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
VI.	13	Old Age (Senile Decay) .. ..	..	..	..	2	..	2	2	..	2	..	..	..	1	1	..	1	1	1
	14	Others .. ..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	1
	15	Acute Inflammation of the Brain and its Membranes .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
VII.	16	Convulsions .. ..	..	..	..	2	2	4	2	2	4	..	..	..	..	..	..	..	..	..
	17	Heart Disease, Organic, Degeneration, Syncope .. ..	..	..	..	1	..	1	1	..	1	..	..	..	2	3	5	2	3	5
	18	Apoplexy .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1
VIII.	19	Bronchitis .. ..	..	2	2	14	15	29	14	17	31	..	..	..	1	6	7	1	6	7
	20	Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	1	..	1	5	8	13	6	8	14	..	..	..	2	..	2	2	..	2
	21	Enteritis, Gastro-Enteritis, Marasmus .. ..	..	1	1	..	..	..	..	1	1	1	1	2	3	2	5	4	3	7
IX.	22	Others .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
	23	The Liver .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1
	24	Bright's Disease, Nephritis, Uræmia .. ..	..	1	1	..	..	..	..	1	1	1	..	1	..	..	1	..	1	1
X.	25	Others .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	1
	26	Violence .. ..	..	..	..	1	..	1	1	..	1	..	..	..	2	2	..	2	2	2
	27	Debility, Atrophy, Inanition .. ..	..	..	..	..	2	2	..	2	2	1	..	1	..	1	1	1	1	2
XI.	28	Others .. ..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	2	1	3	3
	29	All other Diseases .. ..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	1	1	2
	30	Total	15	8	23	39	39	78	54	47	101	12	5	17	23	9	32	35	14	49

Uncertified Deaths:—VRYBURG: Measles, 1 C; Influenza, 4 C; Diarrhoea, 2 C; Tuberculosis, 4 C; Class I, Sub-Class 1, Others, 1 C; (Included above) Premature Birth, etc., 1 E, 2 C; Old Age, 2 C; Convulsions, 4 C; Bronchitis, 1 E, 29 C; Pneumonia, etc., 9 C; Debility, etc., 2 C; Total: 2 E, 60 C; All Races, 62.

BURGHERSDORP: Whooping Cough, 3 C; Diphtheria, 1 C; Typhoid, etc., 1 C; Diarrhoea, etc., 1 E, 6 C; Tuberculosis, 2 E, 2 C; Premature Birth, etc., 1 C; Old Age, 1 C; Heart Disease, 1 C; Apoplexy, 1 C; Bronchitis, 3 C; Pneumonia, etc., 1 C; Enteritis, 2 C; Liver, 1 C; Class V, Sub-Class 8, Others, 1 C; Class VII, Others, 2 C. Total: 3 E, 27 C; All Races, 3.

MOLTENO: Whooping Cough, 3 C; Diphtheria, etc., 2 C; Diarrhoea, etc., 6 C; Tuberculosis, 1 C; Premature Birth, etc., 2 C; Old Age, 1 C; Heart Disease, 1 C; Bronchitis, 7 C; Pneumonia, etc., 5 C; Class V Sub-Class 4, Others, 1 C; Enteritis, etc., 1 E; Class VII, 2 C. Total: 1 E, 31 C.

MAFEKING: Diphtheria, etc., 1 C; Diarrhoea, etc., 3 C; Tuberculosis, 3 C; Class V, Sub-Class 1, Others, 1 C; Pneumonia, etc., 8 C; Enteritis, etc., 1 C. Total: 17 C.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	41. MOLTENO—(continued.).									42. MAFEKING—(continued.).								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
I.	1	<i>Diseases in Detail.</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
		Measles	1	...	1	1	...	1
		Scarlet Fever...	1	1	...	1	1
		Whooping Cough	1	2	3	3	2	5	4	4	8
		Diphtheria and Membranous Croup	1	1	2	1	1	2	1	...	1	1	...	1
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	2	1	3	1	...	1	3	1	1	2	...	2	1	...	1	3	...	3
		Diarrhoea and Dysentery	6	6	12	6	6	12	3	...	3	3	1	4	6	1	7
		Tuberculosis, including Hæmoptysis	2	1	3	1	1	2	3	2	5	8	1	9	8	1	9
		Puerperal Fever	1	1	...	1	1	...	2	2
		Others	1	...	1	1	...	1	1	...	1	1	...	1	2	...	2
III.	2	Thrush, Stomatitis ... ..	...	...	...	2	...	2	2	2	...	...	...	...	...	...	...	...	...
		Others ... ..	...	1	1	2	...	2	2	1	3	...	...	...	...	...	...	...	...
IV.		Premature Birth and Accidents during Birth .....	...	1	1	2	2	4	2	3	5	...	...	...	1	...	1	...	1
		Old Age (Senile Decay) ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...
V.	1	Others ... ..	...	...	...	1	...	1	1	...	1	...	1	1	...	...	...	1	1
		Acute Inflammation of the Brain and its Membranes .....	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1
		Convulsions	1	...	1	...	1	1	1	2	...	...	...	...	...	...	...	...	...
		Others ... ..	...	...	...	...	1	1	...	1	1	...	...	1	...	1	1	...	1
	3	Heart Disease, Organic, Degeneration, Syncope	1	...	1	3	4	7	4	4	8	1	...	1	...	...	1	...	1
		Apoplexy	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...
		Others ... ..	...	...	...	1	...	1	1	...	1	1	...	1	...	...	1	...	1
		Bronchitis ... ..	...	...	...	6	10	16	6	10	16	...	...	...	...	...	...	...	...
	4	Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	1	1	2	6	5	11	7	6	13	1	1	2	7	4	11	8	5	13
		Others ... ..	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...
	5	Enteritis, Gastro-Enteritis, Marasmus	2	...	2	1	2	3	3	2	5	1	...	1	...	1	1	1	1	2
		Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
VI.	6	The Liver ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...
		Violence	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...	...	...
VII.		Debility, Atrophy, Inanition ... ..	...	...	...	1	...	1	1	...	1	...	2	2	...	...	...	2	2
		Others ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...
II.	V.	2, 7, 10, 11 } All Other Diseases	2	...	2	...	...	2	...	2	...	1	1	...	...	...	1	1	
				

Class No.	Sub-Class No.	DISEASES.	43. VICTORIA WEST.									44. COLESBERG.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Classes of Disease—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
1.	1	Specific Organisms	4	2	6	8	7	15	12	9	21	5	2	7	17	11	28	22	13	35
		Parasitic .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
III.	2	Constitutional	1	...	1	...	1	1	1	1	2	1	...	1	...	1	...	2	...	2
IV.		Developmental Defects and Degeneration .....	...	...	...	3	...	3	3	...	3	2	1	3	4	3	7	6	4	10
		Nervous System .. ..	...	...	...	...	2	2	...	2	2	...	...	...	3	1	4	3	1	4
V.	3	Circulatory System	1	3	4	1	2	3	2	5	7	1	...	1	2	4	6	3	4	7
		Respiratory System	4	...	4	12	4	16	16	4	20	1	1	2	16	8	24	17	9	26
	5	Alimentary Canal	3	2	5	4	5	9	7	7	14	...	1	1	1	...	1	1	1	2
		The Liver	1	...	1	...	...	...	1	...	1	1	1	1	...	...	...	1	...	1
	8	Urinary System and Organs of Generation .....	...	...	...	...	1	1	...	1	1	1	1	2	2	1	3	3	2	5
		Parturition .. ..	...	...	...	...	2	2	...	2	2	...	...	...	...	1	1	...	1	1
VI.		Violence	1	...	1	1	...	1	2	...	2	...	...	...	1	1	2	1	1	2
		Ill defined or not specified.. ..	...	...	...	2	2	4	2	2	4	2	1	3	...	...	...	2	1	3
II.	V.	2, 7, 10, 11 } All Other Diseases .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		
		Total	15	7	22	31	26	57	46	33	79	14	7	21	47	30	77	61	37	98

Class No.	Sub-Class No.	DISEASES.	43. VICTORIA WEST.									44. COLESBERG.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Diseases in Detail—</i>																		
I.	1	Measles	1	1	2	1	1	2	2	2	4	...	...	...	6	3	9	6	3	9
		Influenza ... ..	...	...	...	1	...	1	1	...	1	1	...	1	1	...	1	2	...	2
		Diphtheria and Membranous Croup	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever, and Fever .....	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
		Diarrhoea and Dysentery ... ..	...	...	...	...	1	1	...	1	1	2	...	2	4	1	5	6	1	7
		Tuberculosis, including Hæmoptysis	2	1	3	4	3	7	6	4	10	2	2	4	5	6	11	7	8	15
		Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene .....	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
		Others ... ..	...	...	...	1	1	2	1	1	2	...	...	...	1	1	2	1	1	2
		Cancer (Malignant Disease)	1	...	1	...	...	...	1	...	1	1	1	...	1	...	...	1	...	1
		Others ... ..	...	...	...	...	1	1	...	1	1	...	...	...	1	...	1	1	...	1
III.		Premature Birth and Accidents during Birth .....	...	...	...	2	...	2	2	...	2	1	1	2	2	...	2	3	1	4
		Malformations ... ..	...	...	...	...	...	...	...	...	...	1	...	1	1	1	2	2	1	3
IV.		Old Age (Senile Decay) ... ..	...	...	...	1	...	1	1	...	1	...	...	1	1	2	1	1	2	
		Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	

Uncertified Deaths:—VICTORIA WEST: Influenza, 1 C; Typhoid, etc., 1 C; Tuberculosis, 1 C; Premature Birth, 1 C; Inflammation of Brain, 1 C; Heart Disease, 1 C; Bronchitis, 2 C; Pneumonia, etc., 4 C; Class V, Sub-Class 4, Others, 3 C; Enteritis, etc., 3 C; Debility, etc., 2 C. Total: 20 C.
COLESBERG: Measles, 2 C; Convulsions, 1 C; Bronehitis, 1 C. Total: 4 C.

DEATHS FOR EACH CITY AND TOWN—(continued).

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ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	43. VICTORIA WEST (continued).									44. COLESBERG—(continued).								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
V.	1	<i>Diseases in Detail—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
		Acute Inflammation of the Brain and its Membranes	...	...	...	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...
		Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3	2	1	3
	3	Others	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
		Heart Disease, Organic. Degeneration, Syncope	1	2	3	1	1	2	2	3	5	1	...	1	...	3	3	1	3	4
		Apoplexy	...	...	...	...	1	1	...	2	2	...	...	...	1	1	2	1	1	2
	1	Others	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
		Bronchitis	...	...	...	2	...	2	2	1	3	...	1	1	1	4	8	1	5	9
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	2	...	2	8	2	10	10	2	12	1	...	1	11	4	15	12	4	16
	5	Others	...	...	...	2	1	3	2	1	3	...	...	...	1	...	1	1	...	1
		Enteritis, Gastro-Enteritis, Marasmus	3	2	5	1	5	9	7	7	11	...	...	...	1	...	1	1	...	1
		Others	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1
	6	The Liver	...	...	1	...	...	...	1	...	1	1	...	1	...	...	...	1	...	1
VI.	8	Bright's Disease, Nephritis, Uraemia	...	...	...	...	...	...	...	...	...	1	1	2	2	1	3	3	2	5
		Others	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
		Parturition	...	...	...	...	2	2	...	2	2	...	...	...	...	1	1	...	1	1
	9	Violence	1	...	1	1	...	1	2	...	2	...	...	...	1	1	2	1	1	2
		Debility, Atrophy, Inanition	...	...	...	2	1	3	2	1	3	...	1	1	...	...	...	1	1	1
		Others	...	...	...	...	1	1	...	1	1	2	...	2	...	...	...	2	...	2
VII.	1	<i>Classes of Disease—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
		Specific Organisms	2	3	5	8	8	16	10	11	21	2	1	3	8	16	24	10	17	27
		Parasitic	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
	III.	Constitutional	1	...	1	1	2	3	2	2	4	...	1	1	1	1	2	1	2	3
		Developmental Defects and Degeneration	...	...	...	2	2	4	2	2	4	...	...	...	1	2	3	1	2	3
		Nervous System	...	1	1	2	...	2	...	1	3	1	2	3	...	5	5	1	7	8
	4	Circulatory System	1	1	2	4	1	5	5	2	7	1	1	2	1	1	2	2	2	4
		Respiratory System	...	1	1	5	3	8	5	4	9	...	...	...	1	...	4	4	...	4
		Alimentary Canal	...	...	...	2	1	3	2	1	3	2	2	4	1	...	1	3	2	5
	5	The Liver	...	1	1	...	1	1	...	2	2	...	...	...	1	...	1	1	...	1
		Urinary System and Organs of Generation	...	...	...	1	...	1	1	...	1	1	...	1	...	...	...	1	...	1
		Parturition	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
	9	Violence	...	1	1	...	1	1	...	2	2	1	...	1	...	...	...	1	...	1
		Ill defined or not specified	1	...	1	2	2	4	3	2	5	1	...	1	...	1	1	1	1	2
		All other Diseases	...	...	...	...	2	2	...	2	2	...	1	1	...	2	2	...	3	3
	2, 7, 10, 11	Total	5	9	14	27	23	50	32	32	64	9	8	17	18	28	46	27	36	63
III.	1	<i>Diseases in Detail—</i>																		
		Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	3	3	3
		Measles	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
	2	Whooping Cough	...	...	...	...	...	...	...	...	...	1	...	1	...	2	2	1	2	3
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	1	1	2	1	...	1	2	1	3	...	...	...	...	...	...	...	...	...
		Diarrhoea and Dysentery	1	1	2	1	1	2	2	2	4	...	1	1	3	1	7	3	5	8
	3	Tuberculosis, including Haemoptysis	...	1	1	6	7	13	6	8	14	1	...	1	3	6	9	1	6	10
		Others	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	2
		From other Vegetable and Animal Parasites	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
	4	Cancer (Malignant Disease)	1	...	1	1	2	3	2	2	4	...	1	1	1	1	2	1	2	3
		Premature Birth and Accidents during Birth	...	...	...	1	2	3	1	2	3	...	...	...	...	...	...	...	...	...
		Malformations	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	1
	5	Old Age (Senile Decay)	...	...	...	1	...	1	1	...	1	...	...	...	1	1	2	1	1	2
		Acute Inflammation of the Brain and its Membranes	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	1
		Convulsions	...	...	...	2	...	2	2	...	2	...	1	1	...	4	...	5	5	5
IV.	3	Others	...	1	1	...	...	...	...	1	1	1	1	2	...	...	...	1	1	2
		Heart Disease, Organic, Degeneration, Syncope	1	...	1	2	1	3	3	1	4	1	1	2	1	1	2	2	2	1
		Apoplexy	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
	1	Others	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
		Bronchitis	...	1	1	2	1	3	2	2	4	...	...	...	2	...	2	2	...	2
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	...	...	...	3	2	5	3	2	5	...	...	...	2	...	2	2	...	2
	5	Enteritis, Gastro-Enteritis, Marasmus	...	...	...	2	1	3	2	1	3	2	2	4	1	...	1	3	2	5
		The Liver	...	1	1	...	1	1	...	2	2	...	...	...	1	...	1	1	...	1
		Bright's Disease, Nephritis, Uraemia	...	...	...	1	...	1	1	...	1	1	...	1	...	...	...	1	...	1
	9	Parturition	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
		Violence	...	1	1	...	1	1	...	2	2	1	...	1	...	...	...	1	...	1
		Debility, Atrophy, Inanition	1	...	1	2	2	4	3	2	5	1	...	1	...	1	1	1	1	2
	2, 7, 10, 11	All other Diseases	...	...	...	...	2	2	...	2	2	...	1	1	...	2	2	...	3	3

Uncertified Deaths:—RIVERSDALE: Tuberculosis, 1 C; Premature Birth, 1 C; Old Age, 1 C; Convulsions, 2 C; Enteritis, etc., 1 C; Debility, etc., 1 C; Total, 7 C.
 SOMERSET WEST: Diarrhoea, etc., 2 C; Tuberculosis, 3 C; Class I, Sub-Class 1, Others, 1 C; Convulsions, 1 E, 4 C; Heart Disease, 1 C; Bronchitis, 1 C; Debility, etc., 1 C; All Other Diseases, 1 E. Total: 2 E, 13 C; All Races, 15.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females

Class No.	Sub-Class No.	DISEASES.	47. INDWE.									48. ABERDEEN.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
<i>Classes of Disease—</i>																				
I.	1	Specific Organisms .. ..	..	..	..	10	9	19	10	9	19	8	5	13	12	10	22	20	15	35
III.	2	Parasitic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
IV.		Constitutional .. ..	..	..	..	..	..	..	..	..	..	3	1	4	1	..	1	4	1	5
		Developmental Defects and De- generation .. ..	..	..	..	..	..	..	..	..	..	..	..	4	2	6	4	2	6	6
V.	1	Nervous System	1	..	1	2	1	3	3	1	4	2	2	4	5	1	6	7	3	10
	3	Circulatory System	1	..	1	..	2	2	1	2	3	..	..	..	1	1	..	1	1	1
	4	Respiratory System	1	..	1	9	8	17	10	8	18	2	2	4	5	3	8	7	5	12
	5	Alimentary Canal	2	3	5	2	..	2	4	3	7	2	1	3	5	1	6	7	2	9
	6	The Liver .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	1
	8	Urinary System and Organs of Generation	1	..	1	..	..	..	1	..	1	..	..	..	..	1	1	..	1	1
VI.	9	Parturition .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1
VII.		Violence .. ..	..	..	..	3	1	4	3	1	4	..	..	..	..	..	..	1	1	2
II.		Ill defined or not specified ..	..	..	..	2	3	5	2	3	5	1	1	2	..	..	..	1	1	..
V.	2, 7, 10, 11	All Other Diseases .. ..	..	..	..	2	..	2	2	..	2	..	..	..	..	..	..	..	..	..
Total			6	3	9	30	25	55	36	28	64	18	12	30	32	20	52	50	32	82
<i>Diseases in Detail—</i>																				
I.	1	Measles .. ..	..	..	..	..	..	..	..	..	..	6	2	8	4	3	7	10	5	15
		Influenza .. ..	..	..	..	2	2	4	2	2	4	..	..	..	..	..	..	..	..	..
		Whooping Cough .. ..	..	..	..	3	2	5	3	2	5	..	..	..	..	..	..	..	..	..
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever Diarrhoea and Dysentery ..	..	..	..	..	2	2	..	2	2	..	1	1	1	2	3	1	3	1
		Tuberculosis, including Hemop- tysis .. ..	..	..	..	2	1	3	2	1	3	..	1	1	3	4	7	3	5	8
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
III.		Others .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
		Cancer (Malignant Disease) ..	..	..	..	..	..	..	..	..	..	1	1	2	1	..	1	2	1	3
IV.		Others .. ..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	2	..	2
		Premature Birth and Accidents during Birth .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	2	..	2
		Old Age (Senile Decay) .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	2	2	4
V.	1	Convulsions .. ..	..	..	..	2	1	3	2	1	3	2	1	3	4	1	5	6	2	8
		Others	1	..	1	..	..	..	1	..	1	..	1	1	..	1	1	1	1	2
	3	Heart Disease, Organic, De- generation, Syncope	1	..	1	..	2	2	1	2	3	..	..	..	..	1	1	..	1	1
	4	Bronchitis .. ..	..	..	..	3	3	6	3	3	6	2	1	3	1	..	1	3	1	4
		Pneumonia. Inflammation, Con- gestion of Lungs, Pleurisy ..	..	..	..	6	5	11	6	5	11	..	1	1	4	3	7	4	4	8
		Others	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
	5	Enteritis, Gastro-Enteritis, Ma- rasmus	2	3	5	2	..	2	4	3	7	1	1	2	4	1	5	5	2	7
		Others .. ..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	2	..	2
	6	The Liver .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
	8	Bright's Disease, Nephritis, Uremia	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
		Others .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1
VI.		Parturition .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
VII.	9	Violence .. ..	..	..	..	3	1	4	3	1	4	..	..	..	..	..	..	..	..	..
II.		Debility, Atrophy, Inanition ..	..	..	..	1	2	3	1	2	3	1	..	1	..	..	..	1	..	1
V.	2, 7, 10, 11	Others .. ..	..	..	..	1	1	2	1	1	2	..	1	1	..	..	..	..	1	1
		All Other Diseases .. ..	..	..	..	2	..	2	2	..	2	..	..	..	..	..	..	..	..	..

Class No.	Sub-Class No.	DISEASES.	49. PEELTON.									50. UPINGTON.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
<i>Classes of Disease—</i>																				
I.	1	Specific Organisms .. ..	..	..	..	11	15	26	11	15	26	1	3	4	21	24	45	22	27	49
III.	2	Parasitic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
IV.		Constitutional .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4	1	3	4
		Developmental Defects and De- generation .. ..	..	..	..	2	3	5	2	3	5	..	..	..	..	1	1	..	1	1
V.	1	Nervous System .. ..	..	..	..	6	3	9	6	3	9	..	..	..	2	4	2	2	2	4
	3	Circulatory System .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1
	4	Respiratory System .. ..	..	..	..	12	18	30	12	18	30	..	..	..	5	4	9	5	4	9
	5	Alimentary Canal .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	..	3	3	3
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
	8	Urinary System and Organs of Generation .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
VI.	9	Parturition .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
VII.		Violence .. ..	..	..	..	1	1	2	1	1	2	1	..	1	..	..	..	1	..	1
II.		Ill defined or not specified ..	..	..	..	1	3	4	1	3	4	1	..	1	..	..	..	1	..	1
V.	2, 7, 10, 11	All Other Diseases .. ..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	2	..	2
Total .. ..			..	..	..	33	44	77	33	44	77	4	4	8	31	38	69	35	42	77

Uncertified Deaths:—INDWE: Influenza, 4 C; Whooping Cough, 4 C; Typhoid, etc., 2 C; Diarrhoea, etc., 5 C; Tuberculosis, 1 C; Convulsions, 2 C; Bronchitis, 6 C; Pneumonia, etc., 6 C; Enteritis, etc., 2 C; Debility, etc., 3 C; Class VII. Others, 1 C; All Other Diseases, 1 C. Total: 37 C.

ABERDEEN: Measles, 3 C; Diarrhoea, etc., 4 C; Tuberculosis, 1 E, 2 C; Class III. Others, 1 E; Premature Birth, etc., 1 C; Old Age, 4 C; Convulsions, 1 E, 4 C; Heart Disease, 1 C; Bronchitis, 1 C; Pneumonia, etc., 1 E, 2 C; Class V, Sub-Class 5, Others, 1 C; Bright's Disease, etc., 1 C. Total: 4 E, 24 C; All Races, 28.

PEELTON: All, with exception of 2 deaths from Tuberculosis.

UPINGTON: Measles, 1 E, 12 C; Whooping Cough, 1 C; Diphtheria, etc., 1 C; Typhoid, etc., 1 C; Diarrhoea, etc., 8 C; Tuberculosis, 4 C; Class I, Sub-Class 1, Others, 1 C; Cancer, 1 C; Class III. Others, 1 C; Premature Birth, etc., 1 C; Convulsions, 3 C; Bronchitis, 5 C; Pneumonia, etc., 2 C; Enteritis, etc., 1 C; Class V, Sub-Class 5, Others, 1 C; Liver, 1 C; Violence, 1 E; All Other Diseases, 1 C. Total: 2 E, 45 C; All Races, 47.

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	49. PEELTON (continued).									50. UPINGTON (continued).								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Diseases in Detail—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Measles ... ..	...	...	...	...	...	...	...	...	...	1	2	3	6	12	18	7	14	21
		Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	1
		Diphtheria and Membranous Croup ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever ... ..	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	1	1	2
		Diarrhoea and Dysentery ... ..	...	...	...	7	11	18	7	11	18	...	...	...	4	4	8	4	4	8
		Tuberculosis, including Haemoptysis ... ..	...	...	...	4	4	8	4	4	8	...	...	...	4	5	9	4	5	9
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
		Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	4	2	6	4	2	6
III.		Cancer (Malignant Disease) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	2
		Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	2	2
IV.		Premature Birth and Accidents during Birth ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
		Old Age (Senile Decay) ... ..	...	...	...	2	2	4	2	2	4	...	...	...	...	...	...	...	...	...
		Others ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
V.	1	Convulsions ... ..	...	...	...	5	3	8	5	3	8	...	...	...	1	2	3	1	2	3
		Others ... ..	...	...	...	1	...	1	...	1	1	...	...	...	1	...	1	1	1	1
	3	Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
	4	Bronchitis ... ..	...	...	...	4	9	13	4	9	13	...	...	...	4	2	6	4	2	6
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy ... ..	...	...	...	7	9	16	7	9	16	...	...	...	...	2	2	...	2	2
		Others ... ..	...	...	...	1	...	1	1	...	1	...	...	...	1	...	1	1	...	1
	5	Enteritis, Gastro-Enteritis, Marasmus ... ..	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	2	2
		Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
	6	The Liver ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
	8	Bright's Disease, Nephritis, Uræmia ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
	9	Parturition ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
VI.		Violence ... ..	...	...	...	1	1	2	1	1	2	1	...	1	...	...	...	1	...	1
		Others ... ..	...	...	...	1	3	4	1	3	4	1	...	1	...	...	...	1	...	1
II.		All other Diseases ... ..	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	2	...	2
V.	2, 7, 10, 11																			

Class No.	Sub-Class No.	DISEASES.	51. CERES.									52. SWELLENDAM.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Classes of Disease—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Specific Organisms	2	1	3	12	19	31	14	20	34	...	...	...	4	4	8	4	4	8
	2	Parasitic .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
III.		Constitutional .. ..	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	2	...	2
IV.		Developmental Defects and Degeneration ... ..	...	...	...	...	3	3	...	3	3	...	1	1	...	...	...	...	1	1
V.	1	Nervous System	1	...	1	1	3	4	2	3	5	...	...	...	3	2	5	3	2	5
	3	Circulatory System .. ..	...	2	2	3	3	6	3	5	8	...	1	1	...	1	1	...	2	2
	4	Respiratory System .. ..	...	...	...	5	2	7	5	2	7	1	...	1	2	4	6	3	4	7
	5	Alimentary Canal .. ..	...	1	1	2	3	5	2	4	6	...	...	...	...	...	...	...	...	...
	6	The Liver .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	8	Urinary System and Organs of Generation ... ..	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
	9	Parturition .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VI.		Violence .. ..	...	...	...	1	...	1	1	...	1	...	...	...	1	1	2	1	1	2
VII.		Ill defined or not specified ... ..	...	...	...	4	1	5	4	1	5	...	...	...	...	...	...	...	...	...
II.		All Other Diseases .. ..	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	1	1	2
V.	2, 7, 10, 11			1	...	1	1	...	1	...	1	1	1	...	1	1	1	2
		Total	4	4	8	29	34	63	33	38	71	3	3	6	11	12	23	14	15	29
		<i>Diseases in Detail—</i>																		
I.	1	Influenza ... ..	...	...	...	1	...	1	1	...	1	...	...	...	...	1	1	...	1	1
		Whooping Cough ... ..	...	...	...	2	1	3	2	1	3	...	...	...	1	1	2	1	1	2
		Diphtheria and Membranous Croup ... ..	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever ... ..	...	...	...	2	2	4	2	2	4	...	...	...	...	...	...	...	...	...
		Diarrhoea and Dysentery ... ..	...	...	...	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...
		Tuberculosis, including Haemoptysis	2	...	2	6	13	19	8	13	21	...	...	...	3	2	5	3	2	5
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene ... ..	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
		Others ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
III.		Cancer (Malignant Disease) ... ..	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	2	...	2
IV.		Premature Birth and Accidents during Birth ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
		Old Age (Senile Decay) ... ..	...	...	...	...	2	2	...	2	2	...	1	1	...	...	...	...	1	1

Uncertified Deaths :—CERES : Old Age, 2 C ; Convulsions, 1 C ; Class V, Sub-Class 1, Others, 1 C ; Total, 4 C.
(Included above) SWELLENDAM : Tuberculosis, 1 C ; Old Age, 1 E ; Convulsions, 3 C ; Pneumonia, etc., 1 C. Total : 1 E, 5 C.

DEATHS FOR EACH CITY AND TOWN—(continued).

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	51. CERES—(continued).									52. SWELLENDAM—(continued).								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
V.	1	<i>Diseases in Detail—</i>																		
		Acute Inflammation of the Brain and its Membranes	...	...	...	1	1	2	1	1	2	...	...	...	...	1	1	...	1	1
		Convulsions ... ..	...	...	...	...	1	1	...	1	1	...	...	...	3	1	4	3	1	4
	3	Others	1	...	1	...	1	1	1	1	2	...	...	...	...	...	...	...	...	...
		Heart Disease, Organic, Degeneration, Syncope	...	2	2	3	3	6	3	5	8	...	1	1	...	1	1	...	2	2
	4	Bronchitis ... ..	...	...	...	4	2	6	4	2	6	...	...	...	...	3	3	...	3	3
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	...	...	...	1	...	1	1	...	1	1	...	1	2	1	3	3	1	1
	5	Enteritis, Gastro-Enteritis, Marasmus	...	1	1	1	3	4	1	4	5	...	...	...	...	...	...	...	...	...
VI.	8	Others ... ..	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
		Bright's Disease, Nephritis, Uræmia	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
VII.		Violence ... ..	...	...	...	1	...	1	1	...	1	...	...	...	1	1	2	1	1	2
II.		Debility, Atrophy, Inanition	...	...	...	4	1	5	4	1	5	...	...	...	...	...	...	...	...	...
V.	2, 7, 10, 11	All Other Diseases	1	...	1	...	...	...	1	...	1	...	1	1	...	1	1	1	1	2

Class No.	Sub-Class No.	DISEASES.	53. UMTATA.									54. BEDFORD.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
			M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	<i>Classes of Disease—</i>																		
		Specific Organisms .. ..	...	...	...	4	3	7	4	3	7	...	1	1	10	6	16	10	7	17
		Parasitic .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
III.		Constitutional	1	...	1	...	1	1	1	1	2	...	...	...	...	...	...	...	...	...
IV.		Developmental Defects and Degeneration	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4	1	3	4
V.	1	Nervous System .. ..	...	...	...	1	2	3	1	2	3	...	1	1	4	2	6	4	3	7
	3	Circulatory System	1	...	1	2	...	2	3	...	3	...	3	3	...	1	1	...	4	4
	4	Respiratory System .. ..	...	1	1	4	5	9	4	6	10	...	1	1	1	4	5	1	5	6
	5	Alimentary Canal .. ..	...	1	1	...	1	1	...	2	2	...	1	2	3	1	2	3	2	4
	6	The Liver .. ..	...	...	...	1	...	1	1	...	1	1	...	1	1	1	1	2	...	2
	8	Urinary System and Organs of Generation	2	...	2	...	...	...	2	...	2	1	...	1	2	...	2	3	...	3
	9	Parturition .. ..	...	...	...	...	1	1	...	1	1	...	...	...	...	1	1	...	1	1
		Violence .. ..	...	1	1	2	...	2	2	1	3	...	...	...	...	...	...	...	...	...
VI.		Ill defined or not specified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
V.	2, 7, 10, 11	All Other Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Total	4	3	7	14	13	27	18	16	34	3	8	11	20	19	39	23	27	50

I.	1	<i>Diseases in Detail—</i>																		
		Measles ... ..	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1
		Influenza ... ..	...	...	...	1	1	2	1	1	2	...	...	...	1	...	1	1	...	1
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3	1	2	3
		Diarrhoea and Dysentery	...	...	...	...	2	2	...	2	2	...	...	...	2	...	2	2	...	2
		Tuberculosis, including Hæmoptysis	...	...	...	2	...	2	2	...	2	...	...	...	6	3	9	6	3	9
		Others ... ..	...	...	...	1	...	1	1	...	1	...	...	...	...	1	1	...	1	1
		Cancer (Malignant Disease)	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
III.		Others ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
IV.		Old Age (Senile Decay)	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4	1	3	4
V.	1	Convulsions ... ..	...	...	...	1	1	2	1	1	2	...	1	1	4	1	5	4	2	6
		Others ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	1	1	...	1	1
	3	Heart Disease, Organic, Degeneration, Syncope	...	...	...	2	...	2	2	...	2	...	3	3	...	...	...	...	3	3
		Apoplexy	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
		Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
	4	Bronchitis ... ..	...	...	...	1	2	3	1	2	3	...	1	1	...	2	2	...	3	3
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	...	1	1	3	3	6	3	4	7	...	...	...	1	2	3	1	2	3
	5	Enteritis, Gastro-Enteritis, Marasmus	...	1	1	...	1	1	...	2	2	1	2	3	1	2	3	2	4	6
VI.	6	The Liver ... ..	...	...	...	1	...	1	1	...	1	1	...	1	1	...	1	2	...	2
	8	Bright's Disease, Nephritis, Uræmia	2	...	2	...	...	...	2	...	2	1	...	1	2	...	2	3	...	3
	9	Parturition ... ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
		Violence ... ..	...	1	1	2	...	2	2	1	3	...	...	...	...	1	1	...	1	1

Uncertified Deaths:—UMTATA: Influenza, 2 C; Diarrhoea, etc., 1 C; Class I, Sub-Class 1, Others, 1 C; Class III, Others, 1 C; Convulsions, 2 C; Apoplexy, 1 E; Bronchitis, 1 C; Pneumonia, 1 C. Total: 1 E, 9 C.
BEDFORD: Influenza, 1 C; Typhoid, etc., 3 C; Diarrhoea, etc., 2 C; Tuberculosis, 8 C; Class I, Sub-Class 1, Others, 1 C; Old Age, 4 C; Convulsions, 1 E, 5 C; Class V, Sub-Class 1, Others, 1 C; All Coloured in Class V, Sub-Classes 3, 4, 5 and 6; Bright's Disease, 1 C. Total: 1 E, 36 C.

DEATHS FOR EACH CITY AND TOWN—(continued).

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ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	55. TARKASTAD.									56. STEYNSBURG.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Classes of Disease—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Specific Organisms	2	1	3	6	11	17	8	12	20	1	2	3	..	8	8	1	10	11
III.	2	Parasitic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
IV.		Constitutional .. ..	..	1	1	..	1	1	..	2	2	..	..	..	..	..	..	..	..	..
		Developmental Defects and Degen- eration.	..	1	1	2	1	3	2	2	4	..	1	1	2	1	3	2	2	4
V.	1	Nervous System .. ..	..	1	1	1	1	2	1	2	3	..	1	1	1	..	1	1	1	2
	3	Circulatory System .. ..	..	1	3	1	1	2	3	2	5	1	2	3	1	1	2	2	3	5
	4	Respiratory System .. ..	..	..	2	8	6	14	10	6	16	4	3	7	5	10	15	9	13	22
	5	Alimentary Canal .. ..	..	1	4	3	4	7	6	5	11	3	3	6	3	2	5	6	5	11
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8	Urinary System and Organs of Generation.	..	..	..	..	..	..	..	..	..	1	1	2	..	1	1	1	2	3
	9	Parturition .. ..	..	1	1	..	..	..	..	1	1	..	2	2	..	..	..	..	2	2
VI.		Violence	1	..	1	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..
VII.		Ill defined or not specified ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
V.	2, 7, 10, 11	All Other Diseases	1	..	1	..	..	..	1	..	1	1	..	1	..	1	1	1	1	2
		Total	11	7	18	23	25	48	34	32	66	11	15	26	12	24	36	23	39	62
		<i>Diseases in detail—</i>																		
I.	1	Influenza	1	1	2	1	..	1	2	1	3	..	..	..	..	..	..	..	..	..
		Whooping Cough .. ..	..	..	..	5	7	12	5	7	12	..	1	1	..	4	4	..	5	5
		Diphtheria and Membranous Croup.	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
		Diarrhoea and Dysentery ..	..	..	..	..	2	2	..	2	2	..	..	..	..	1	1	..	1	1
		Tuberculosis, including Hæmop- tysis.	..	..	..	..	2	2	..	2	2	1	..	1	..	2	2	1	2	3
		Erysipelas, Cellulitis, Pyæmia, Septicæmia and Hospital Gan- grene	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
III.		Cancer (Malignant Disease) ..	..	1	1	..	1	1	..	2	2	..	..	..	..	..	..	..	..	..
IV.		Premature Birth and Accidents during Birth.	..	1	1	1	..	1	1	1	2	..	..	..	..	..	..	..	..	..
		Dentition .. ..	..	..	..	1	1	2	1	1	2	..	..	..	..	2	1	3	2	1
		Old Age (Senile Decay) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	1	3
		Others .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
V.	1	Convulsions .. ..	..	..	..	1	1	2	1	1	2	..	1	1	1	..	1	1	1	2
		Others .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
	3	Heart Disease, Organic, De- generation, Syncope.	1	1	2	1	1	2	2	2	4	1	..	1	1	1	2	2	1	3
		Apoplexy	1	..	1	..	..	..	1	..	1	..	2	2	..	..	..	..	2	2
	4	Bronchitis .. ..	..	..	..	2	1	3	2	1	3	2	..	2	2	3	5	4	3	7
		Pneumonia, Inflammation, Con- gestion of Lungs, Pleurisy.	2	..	2	6	5	11	8	5	13	1	3	4	3	7	10	4	10	14
		Others .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
	5	Enteritis, Gastro-Enteritis, Ma- rasmus.	2	1	3	3	4	7	5	5	10	2	1	3	3	..	3	5	1	6
		Others	1	..	1	..	..	..	1	..	1	1	2	3	..	2	2	1	4	5
	8	Bright's Disease, Nephritis. Uræmia	..	..	..	..	..	..	..	..	..	1	1	2	..	1	1	1	2	3
	9	Parturition .. ..	..	1	1	..	..	..	..	1	1	..	2	2	..	..	..	..	2	2
VI.		Violence	1	..	1	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..
VII.		Debility, Atrophy, Inanition ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
V.	2, 7, 10, 11	All Other Diseases	1	..	1	..	..	..	1	..	1	1	..	1	..	1	1	1	1	2

Class No.	Sub-Class No.	DISEASES.	57. WILLOWMORE.									58. O'OKIEP.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Classes of Disease—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Specific Organisms .. ..	..	..	..	8	7	15	8	7	15	2	..	2	14	18	32	16	18	34
III.	2	Parasitic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	1
IV.		Constitutional .. ..	..	1	1	..	1	1	..	2	2	..	..	..	1	1	2	1	1	2
		Developmental Defects and Degen- eration	3	1	4	..	1	1	3	2	5	1	..	1	1	5	6	2	5	7
V.	1	Nervous System .. ..	..	..	..	2	..	2	2	..	2	..	..	..	1	3	4	1	3	4
	3	Circulatory System	1	..	1	..	..	..	1	..	1	..	..	..	4	..	4	4	..	1
	4	Respiratory System	2	2	4	7	6	13	9	8	17	..	..	..	8	4	12	8	4	12
	5	Alimentary Canal	1	1	2	7	7	14	8	8	16	..	..	..	1	4	5	1	4	5
	6	The Liver .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8	Urinary System and Organs of Generation	..	..	..	1	..	1	1	..	1	1	..	1	1	3	4	2	3	5
	9	Parturition .. ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
		Violence .. ..	..	..	..	1	..	1	1	..	1	..	..	..	..	3	9	6	3	9
VII.		Ill defined or not specified ..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	..
V.	2, 7, 10, 11	All Other Diseases	2	..	2	..	..	..	2	..	2	..	..	..	1	..	1	1	..	1
		Total	9	5	14	26	23	49	35	28	63	4	..	4	38	42	80	42	42	84

Uncertified Deaths:—TARKASTAD: Influenza, 1 C; Whooping Cough, 11 C; Class IV, 1 E, 3 C; Convulsions, 2 C; Pneumonia, etc., 11 C; Enteritis, etc., 6 C. Total: 1 E, 34 C.

STEYNSBURG: Erysipelas, etc., 1 C; Old Age, 1 C; Convulsions, 1 C; Heart Disease, 1 C; Pneumonia, etc., 3 C; Enteritis, etc., 1 C; Class V, Sub-Class 5, Others, 1 C. Total: 9 C.

WILLOWMORE: Tuberculosis, 1 C; Cancer, 1 E; Premature Birth, 2 E; Convulsions, 1 C; Pneumonia, etc., 1 E; Class V, Sub-Class 8, 1 C. Total: 4 E, 3 C; All Races, 7.

O'OKIEP: Influenza, 1 C; Diarrhoea, etc., 1 E, 2 C; Tuberculosis, 5 C; Class 1, Sub-Class 1, Others, 3 C; Premature Birth, etc., 1 C; Old Age, 4 C; Convulsions, 3 C; Heart Disease, 1 C; Bronchitis, 4 C; Pneumonia, 5 C; Enteritis, 4 C; Bright's Disease, etc., 1 C; Debility, etc., 9 C. Total: 1 E, 43 C.

DEATHS FOR EACH CITY AND TOWN—(continued).

ANNEXURE "G."—Table 3, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths registered for the Calendar Year, 1906, from certain specified Diseases and from All Other Diseases, distinguishing (a) European and Coloured, and (b) Males and Females.

Class No.	Sub-Class No.	DISEASES.	57. WILLOWMORE—(continued).									58. O'OKIEP—(continued).								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Diseases in Detail—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
		Whooping Cough ...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...
		Diphtheria and Membranous Croup	...	...	...	...	1	1	...	1	1	...	...	...	...	1	1	...	1	1
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	...	...	...	...	...	...	...	...	...	...	...	...	2	3	5	2	3	5
		Diarrhoea and Dysentery ...	...	...	...	1	1	2	1	1	2	1	...	1	5	...	5	6	...	6
		Tuberculosis, including Hæmoptysis	...	...	...	6	5	11	6	5	11	1	...	1	4	10	14	5	10	15
		Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
		Others ...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	5	3	2	5
	2	From other Vegetable and Animal Parasites	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
III.		Cancer (Malignant Disease) ...	...	1	1	...	1	1	...	2	2	...	...	...	...	1	1	...	1	1
		Others ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
IV.		Premature Birth and Accidents during Birth.	1	1	2	...	1	1	1	2	3	1	...	1	...	1	1	1	1	2
		Old Age (Senile Decay) ...	1	...	1	...	...	...	1	...	1	...	...	...	1	3	4	1	3	4
		Others ...	1	...	1	...	...	...	1	...	1	...	...	...	1	1	1	...	1	1
V.	1	Convulsions ...	...	...	...	2	...	2	2	...	2	...	...	...	...	3	3	...	3	3
		Others ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
	3	Heart Disease, Organic, Degeneration, Syncope	1	...	1	...	...	...	1	...	1	...	...	...	3	...	3	3	...	3
		Others ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
	4	Bronchitis ...	...	1	1	7	5	12	7	6	13	...	...	...	4	2	6	4	2	6
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	1	...	1	...	1	1	1	1	2	...	...	...	4	2	6	4	2	6
		Others ...	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...
	5	Enteritis, Gastro-Enteritis, Marasmus	1	...	1	7	6	13	8	6	14	...	...	...	1	4	5	1	4	5
		Others ...	...	1	1	...	1	1	...	2	2	...	...	...	...	...	...	...	...	...
	8	Bright's Disease, Nephritis	...	...	...	...	...	...	...	...	...	1	...	1	1	3	4	2	3	5
		Uræmia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Others ...	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
	9	Parturition ...	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
VI.		Violence ...	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
VII.		Debility, Atrophy, Inanition ...	...	...	...	...	...	...	...	...	...	...	...	...	6	3	9	6	3	9
V.	2, 7, 10, 11	All other Diseases ...	2	...	2	...	...	...	2	...	2	...	...	...	1	...	1	1	...	1

Class No.	Sub-Class No.	DISEASES.	59. DORDRECHT.									60. RICHMOND.								
			European.			Coloured.			All Races.			European.			Coloured.			All Races.		
		<i>Classes of Disease—</i>	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
I.	1	Specific Organisms ..	6	6	12	6	4	10	12	10	22	8	4	12	10	12	22	18	16	34
	2	Parasitic ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
III.		Constitutional ..	...	...	...	...	...	...	...	...	...	1	1	2	1	1	2	2	2	4
IV.		Developmental Defects and Degeneration	...	...	...	2	1	3	2	1	3	1	...	1	1	4	5	2	4	6
V.	1	Nervous System ..	...	...	...	1	1	2	1	1	2	2	...	2	...	1	1	2	1	3
	3	Circulatory System ..	...	1	1	...	1	1	...	2	2	...	1	1	...	4	1	5	4	6
	4	Respiratory System ..	1	...	1	3	3	6	4	3	7	1	...	1	5	1	6	6	1	7
	5	Alimentary Canal ..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
	6	The Liver ..	...	...	...	1	...	1	...	1	1	...	...	...	...	1	1	...	1	...
	8	Urinary System and Organs of Generation	...	...	...	...	1	1	...	1	1	...	...	1	2	...	2	3	...	3
	9	Parturition ..	...	1	1	...	...	...	...	1	1	...	...	...	...	1	1	...	1	1
VI.		Violence ..	3	...	3	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...
VII.		Ill-defined or not specified..	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1
V.	2, 7, 10, 11	All Other Diseases ..	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
		Total ..	10	8	18	14	12	26	24	20	44	15	6	21	23	22	45	38	28	66
		<i>Diseases in Detail—</i>																		
I.	1	Chicken-pox ...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1
		Measles ...	...	...	...	...	...	...	...	...	...	1	...	1	1	1	2	2	1	3
		Scarlet Fever ...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...
		Influenza ...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
		Whooping Cough ...	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
		Diphtheria and Membranous Croup	1	1	2	1	...	1	2	1	3	...	...	...	...	2	2	...	2	2
		Typhoid (Enteric) Fever, Simple Continued Fever, Malarial, Remittent Fever and Fever	1	...	1	...	...	...	1	...	1	4	...	4	2	1	3	6	1	7
		Diarrhoea and Dysentery ...	2	3	5	4	3	7	6	6	12	1	3	4	5	4	9	6	7	13
		Tuberculosis, including Hæmoptysis	1	...	1	1	1	2	2	1	3	1	1	2	2	4	6	3	5	8
III.		Cancer (Malignant Disease) ...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	1	1	2
		Others ...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	1	1	2
IV.		Premature Birth and Accidents during Birth	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	1	1	2
		Malformations ...	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
		Dentition ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
		Old Age (Senile Decay) ...	...	...	...	1	1	2	1	1	2	...	...	...	3	3	...	3	3	3

Uncertified Deaths:—DORDRECHT: Old age, 1 C.

(Included above) RICHMOND: Old age, 2 C; Class VII, 1 E. Total, 1 E, 2 C.

ANNEXURE "G."—Table 4, 1906, showing for each of 60 of the Cities and Towns of the Colony the number of Deaths

TOWNS.		0 day to 1 month.		1 month to under 6 months.		6 months to under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
GRAND TOTAL—		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.
60 Cities and Towns.																						
European ...		187	126	199	157	174	144	101	106	41	36	21	16	11	14	734	599	1333	34	33	14	27
Coloured ...		434	358	557	498	525	478	465	507	201	192	92	103	45	57	2319	2198	4517	110	144	79	93
Total		621	484	756	655	699	622	566	613	242	228	113	124	56	71	3053	2797	5850	144	177	93	120
Totals—All Races :																						
1. Cape Town	...	76	75	94	91	83	88	93	88	20	23	19	16	6	4	391	385	776	14	20	7	11
2. Green and Sea Point	...	6	5	3	8	1	3	2	1	2	...	...	...	...	2	14	19	33	...	1	...	1
3. Woodstock	...	27	21	47	40	52	45	37	41	18	19	6	3	3	7	190	176	366	16	14	7	6
4. Maitland	...	9	8	15	14	12	17	9	15	4	4	5	3	2	1	56	62	118	2	5	...	2
5. Mowbray	...	10	4	3	3	9	5	5	7	4	4	...	1	1	...	32	24	56	1	2	...	...
6. Rondebosch	...	9	2	4	8	5	7	3	4	1	...	...	1	...	1	22	23	45	1	1	1	1
7. Claremont	...	21	9	28	17	21	18	17	13	7	4	3	4	...	1	97	66	163	3	4	3	1
8. Wynberg	...	26	8	31	28	33	21	12	16	3	8	6	7	3	2	114	90	204	10	5	4	1
9. Simonstown	...	3	1	3	2	5	4	4	1	1	2	...	...	1	...	17	10	27	...	1	3	1
10. Kalk Bay-Muizenberg	...	1	2	3	3	3	4	2	7	...	...	...	...	...	...	9	16	25	...	...	1	1
11. Kimberley	...	41	48	50	51	44	48	36	25	14	11	1	6	1	4	187	193	380	6	11	8	3
12. Beaconsfield	...	10	9	18	14	24	19	19	14	8	6	3	5	2	1	84	68	152	6	2	2	...
13. Port Elizabeth...	...	34	23	42	27	33	37	26	58	15	13	8	5	2	...	160	163	323	6	10	2	9
14. East London	...	24	15	38	13	24	26	13	8	7	1	4	2	1	...	111	65	176	2	1	1	1
15. Cambridge	...	4	...	4	2	2	3	...	2	3	1	...	...	...	...	13	8	21	1	1	...	...
16. Grahamstown	...	23	11	15	18	20	24	13	24	5	3	6	3	1	2	83	85	168	2	4	3	3
17. Uitenhage	...	17	15	19	15	27	15	21	32	11	12	3	4	5	7	103	100	203	7	8	2	2
18. Paarl	...	17	6	28	16	21	13	15	23	8	13	5	3	4	1	98	75	173	4	7	4	1
19. Graaff-Reinet	...	19	15	5	19	14	11	10	13	5	7	...	3	...	2	53	70	123	5	3	3	3
20. Queenstown	...	12	17	19	30	15	10	23	24	7	5	1	...	...	4	77	90	167	4	2	...	2
21. King William's Town	...	10	9	7	11	10	11	9	13	4	4	2	4	...	3	42	55	97	...	5	...	2
22. Oudtshoorn	...	16	18	27	16	18	9	9	12	4	5	1	4	1	1	76	65	141	6	6	4	7
23. Worcester	...	14	14	18	11	12	16	13	18	7	8	2	9	7	1	73	77	150	3	1	3	3
24. Cradock...	...	10	7	15	11	19	7	4	12	4	4	2	1	...	2	54	44	98	1	...	2	3
25. Middelburg	...	13	12	16	17	12	16	13	16	7	4	3	2	...	1	64	68	132	3	5	4	5
26. Aliwal North	...	14	7	11	5	7	3	7	6	1	3	4	...	...	...	44	24	68	1	3	1	2
27. Beaufort West	...	9	6	17	10	12	8	17	11	5	8	4	5	1	2	65	50	115	4	6	2	3
28. Somerset East	...	8	10	11	12	10	10	9	7	7	5	1	3	...	4	46	51	97	3	3	3	2
29. Stellenbosch	...	12	5	12	8	10	12	8	9	6	8	...	3	...	1	48	46	94	2	1	...	1
30. Wellington	...	6	3	10	7	8	7	8	4	...	2	1	2	1	...	34	25	59	...	1	1	1
31. Mossel Bay	...	15	12	8	11	8	5	6	2	3	1	1	1	1	1	42	33	75	...	1	...	...
32. Malmesbury	...	2	2	6	2	14	3	3	5	2	1	1	...	1	...	29	13	42	1	...	1	2
33. Caledon...	...	4	4	2	4	3	...	1	1	...	...	...	...	...	...	10	9	19	...	2	...	...
34. George	...	...	1	7	...	5	4	2	1	2	...	...	1	...	3	16	10	26	3	1	2	3
35. De Aar	...	4	...	3	6	8	4	4	4	3	2	2	1	...	2	24	19	43	3	1	...	2
36. Robertson	...	7	4	3	8	8	6	3	5	...	2	...	...	2	2	23	27	50	1	4	...	1
37. Somerset West Strand	...	7	7	6	3	7	3	3	2	3	2	1	2	1	...	28	19	47	1	...	1	1
38. Kokstad...	...	3	2	5	2	4	3	3	1	1	1	...	2	...	...	16	11	27	...	...	2	1
39. Vryburg	...	3	6	3	7	4	10	9	1	2	5	1	3	...	2	22	34	56	...	4	...	...
40. Burghersdorp	...	1	7	4	6	2	7	4	1	3	4	1	...	...	1	15	26	41	1	...	1	4
41. Molteno...	...	5	6	7	5	9	8	8	3	3	2	1	2	3	2	36	28	64	...	2	1	2
42. Mafeking	...	1	2	4	2	3	2	3	...	1	...	...	1	...	...	12	7	19	2	3	...	1
43. Victoria West	...	5	2	9	2	3	...	7	4	1	2	1	...	...	...	26	10	36	1	...	...	1
44. Colesberg	...	6	4	7	5	5	3	7	4	4	2	1	1	...	...	30	19	49	1	1	...	1
45. Riversdale	...	5	4	3	4	...	1	2	2	...	...	...	...	...	...	10	11	21	1	1	2	1
46. Somerset West...	...	2	5	3	13	4	1	5	3	...	...	...	...	...	...	14	22	36	1	2	...	...
47. Indwe	...	3	4	4	6	6	4	1	1	3	...	2	3	1	...	20	18	38	1	2	...	...
48. Aberdeen	...	8	2	6	3	7	3	7	4	3	1	1	...	1	1	33	14	47	4	2	...	2
49. Peelton	...	4	1	3	5	7	6	3	8	1	3	...	1	...	...	18	24	42	1	3	2	2
50. Upington	...	1	3	4	2	3	4	2	8	5	1	4	1	1	1	20	20	40	3	...	...	2
51. Ceres	...	4	2	5	7	2	1	3	2	...	2	1	1	2	...	17	15	32	...	2	2	...
52. Swellendam	...	3	1	2	...	...	1	...	1	2	1	...	...	...	...	7	4	11	...	2	...	...
53. Umtata	...	1	...	...	3	1	5	1	1	1	...	1	2	...	...	5	11	16	1	...	1	1
54. Bedford...	...	3	3	2	3	2	2	3	2	...	1	...	...	...	1	10	12	22	...	1	1	...
55. Tarkastad	...	4	1	8	3	1	5	5	4	2	2	1	...	...	1	21	16	37	1	1	...	1
56. Steynsburg	...	1	2	3	6	5	6	3	3	1	...	...	...	...	...	13	17	30	...	3	...	6
57. Willowmore	...	5	3	11	1	1	2	3	4	2	2	2	2	...	...	24	14	38	...	1	...	2
58. O'okiep	...	8	7	6	2	4	1	...	7	2	3	1	...	...	...	21	20	41	2	4	4	2
59. Dordrecht	...	4	...	6	6	5	2	3	1	1	1	...	1	...	...	19	11	30	...	...	...	1
60. Richmond	...	1	2	3	1	2	3	5	4	3	...	...	...	1	...	15	10	25	2	1	2	3

registered for the year 1906, at each age period, distinguishing (a) European and Coloured, and (b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.	P.
36	34	49	65	106	44	111	50	172	102	174	111	133	108	132	117	85	94	22	28	1068	813	1881	...	...	1802	1412	3214
204	146	293	188	351	150	347	156	409	218	293	171	171	132	132	100	107	102	45	56	2541	1656	4197	2	...	4862	3854	8716
240	180	342	253	457	194	458	206	581	320	467	282	304	240	264	217	192	196	67	84	3609	2469	6078	2	...	6664	5266	11930
19	19	26	28	46	28	58	29	79	46	81	47	48	29	40	23	28	31	6	14	452	325	777	...	...	843	710	1553
2	1	1	2	...	2	2	3	4	...	2	3	1	1	4	5	1	7	...	...	17	26	43	1	...	32	45	77
3	4	11	3	16	12	13	4	17	18	19	24	15	15	12	11	3	6	1	3	133	120	253	...	...	323	296	619
1	3	...	3	1	4	5	2	8	7	6	4	6	2	4	2	1	2	...	2	34	38	72	...	...	90	100	190
...	2	...	5	3	2	...	1	6	1	3	5	4	6	2	6	4	2	...	...	23	32	55	...	...	55	56	111
1	1	...	1	...	1	1	...	6	1	1	5	5	1	2	1	5	5	...	...	23	18	41	...	...	45	41	86
1	4	5	8	3	2	6	8	8	6	13	8	10	13	8	6	6	4	...	1	66	65	131	...	...	163	131	294
5	6	8	6	4	3	12	8	11	10	12	10	11	7	15	6	5	9	3	5	100	76	176	...	...	214	166	380
1	1	5	2	3	2	5	2	4	3	4	2	3	1	2	...	1	1	1	...	32	16	48	...	...	49	26	75
...	1	...	...	...	...	3	...	1	2	2	1	2	3	...	...	1	1	...	...	10	9	19	...	...	19	25	44
11	7	57	19	79	16	63	16	73	22	59	16	25	9	15	10	7	8	2	2	435	139	574	...	...	622	332	954
65	4	108	3	156	4	164	2	131	11	68	3	10	6	5	9	4	3	2	1	721	48	769	...	...	805	116	921
9	16	10	12	21	16	13	12	36	14	18	24	23	14	17	15	11	9	8	6	174	157	331	...	...	334	320	654
5	2	4	12	19	6	15	7	24	22	12	13	7	4	4	4	5	1	1	2	99	75	174	...	...	210	140	350
1	...	...	2	...	2	...	1	2	...	1	2	1	1	...	1	...	1	...	...	6	11	17	...	...	19	19	38
...	2	7	8	7	8	7	6	16	13	11	7	8	10	12	12	6	10	6	5	85	88	173	...	...	168	173	341
9	7	7	10	2	7	5	2	17	9	9	4	4	5	11	5	6	8	2	4	81	71	152	...	...	184	171	355
6	2	4	9	2	...	5	5	4	16	16	9	2	4	10	3	4	6	2	1	63	63	126	...	...	161	138	299
2	8	6	10	4	6	6	6	6	13	9	13	20	9	5	8	5	11	3	3	74	93	167	...	...	127	163	290
2	4	4	8	3	5	2	4	7	6	6	...	2	4	2	4	7	3	2	...	41	42	83	...	...	118	132	250
5	1	2	8	5	4	8	1	3	6	7	3	7	8	9	4	4	4	1	2	51	48	99	...	...	93	103	196
5	4	9	11	4	6	3	4	9	5	3	3	6	8	3	6	4	3	1	3	57	66	123	...	...	133	131	264
5	1	5	4	4	2	1	6	7	6	10	7	7	7	9	8	3	4	...	3	57	52	109	...	...	130	129	259
6	5	2	5	6	1	8	7	14	11	6	2	6	6	6	6	3	3	2	1	62	50	112	...	...	116	94	210
2	3	1	5	5	7	2	4	5	8	8	4	7	6	5	1	10	2	4	...	56	50	106	...	...	120	118	238
2	3	5	1	2	...	1	3	7	1	4	1	5	2	4	2	1	1	1	...	34	19	53	...	...	78	43	121
...	7	3	4	1	4	6	2	7	6	3	6	1	5	5	7	2	1	1	1	35	52	87	...	...	100	102	202
1	5	2	3	7	2	3	7	2	8	5	5	3	5	5	4	6	2	2	1	42	47	89	...	...	88	98	186
1	3	2	3	3	4	1	3	2	...	1	2	4	7	3	3	4	1	...	6	23	34	57	...	...	71	80	151
4	2	2	6	1	3	2	1	...	3	3	2	4	2	5	1	1	...	1	1	24	23	47	...	...	58	48	106
2	2	5	6	4	...	...	4	2	3	3	4	...	...	...	...	2	3	...	1	18	24	42	...	...	60	57	117
1	4	...	2	4	3	3	2	2	...	5	3	1	1	3	1	3	...	1	...	25	18	43	...	...	54	31	85
1	1	1	2	1	1	1	1	3	1	1	1	3	2	...	3	1	...	...	...	12	14	26	...	...	22	23	45
2	3	...	1	1	2	2	3	2	4	3	1	2	3	4	4	...	4	2	...	23	29	52	...	...	39	39	78
...	2	1	3	3	1	5	5	1	2	1	3	1	2	...	2	...	2	...	...	15	25	40	...	...	39	44	83
2	...	4	...	3	1	...	3	2	2	...	...	...	2	3	1	1	4	2	1	20	17	37	...	...	43	44	87
1	...	...	1	...	2	3	1	1	1	...	...	6	...	2	1	1	1	...	1	16	9	25	...	...	44	28	72
2	1	...	4	2	...	...	1	...	4	2	3	2	2	2	1	2	2	...	...	16	17	33	...	...	32	28	60
2	3	...	2	...	1	3	4	3	3	2	...	...	...	...	...	3	1	...	...	15	18	33	...	...	37	52	89
2	3	1	1	2	...	1	1	...	...	4	...	1	2	3	2	2	4	...	1	18	18	36	...	...	33	44	77
1	1	4	2	1	2	2	2	2	2	2	1	...	...	2	5	3	...	...	...	18	19	37	...	...	54	47	101
2	1	1	...	2	...	3	...	4	...	6	1	1	...	...	1	...	...	1	...	22	7	29	1	...	35	14	49
2	4	1	5	3	3	...	1	3	1	2	1	5	3	2	3	...	1	1	...	20	23	43	...	...	46	33	79
2	...	2	...	3	2	1	2	5	2	6	...	3	2	3	1	5	4	...	3	31	18	49	...	...	61	37	98
3	1	...	3	...	1	1	3	3	...	2	2	2	4	2	2	4	1	2	2	22	21	43	...	...	32	32	64
1	...	3	1	...	1	...	1	5	2	1	3	...	1	2	2	...	1	...	...	13	14	27	...	...	27	36	63
3	2	2	...	2	1	2	...	3	1	2	2	1	1	...	1	...	...	...	...	16	10	26	...	...	36	28	64
1	2	3	...	1	1	...	...	1	2	2	1	...	2	3	2	1	3	1	1	17	18	35	...	...	50	32	82
...	...	1	1	3	3	...	1	1	2	...	1	2	3	1	3	3	...	1	1	15	20	35	...	...	33	44	77
...	1	...	4	1	3	3	3	3	2	2	3	3	2	...	1	...	1	...	...	15	22	37	...	...	35	42	77
1	4	1	3	2	...	1	...	3	2	3	2	...	2	1	3	2	3	...	2	16	23	39	...	...	33	38	71
...	2	...	...	1	...	...	1	...	2	1	3	...	1	2	...	2	...	1	1	7	11	18	...	...	14	15	29
...	...	2	...	2	1	...	...	2	1	...	1	...	1	...	...	...	...	...	...	13	5	18	...	...	18	16	34
...	2	5	1	3	2	1	2	1	...	1	1	...	1	...	...	1	3	...	2	13	15	28	...	...	23	27	50
...	3	1	2	1	2	...	1	1	2	3	1	1	1	2	1	1	1	2	...	13	16	29	...	...	34	32	66
...	1	1	...	1	...	1	3	1	4	1	1	3	1	...	...	2	1	2	1	10	22	32	...	...	23	39	62
2	...	2	4	1	1	1	1	4	1	...	2	...	1	...	...	1	1	...	...	11	14	25	...	...	35	28	63
1	1	...	3	1	...	3	2	4	...	2	3	3	...	1	1	...	3	...	...	21	22	43	...	...	42	42	84
1	1	...	1	1	...	...	...	2	2	...	1	...	1	1	1	...	1	...	...	5	9	14	...	...	24	20	44
1	4	1	2	1	1	...	2	1	...	5	2	2	...	4	...	3	2	1	1	23	18	41	...	...	38	28	66

DEATHS AT EACH AGE PERIOD,
ANNEXURE "G."—Table 4 (continued), showing for each of 60 of the Cities and Towns of the Colony
and Coloured, and

TOWNS.		0 day to 1 month.	1 month to under 6 months.	6 months to under 12 months.	12 months and under 2 years.	2 years and under 3 years.	3 years and under 4 years.	4 years and under 5 years.	TOTAL UNDER 5 YEARS.	5—	10—
<i>Totals—Distinguishing Race:—</i>											
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.
1. Cape Town...	E 20 C 56	16 59	20 74	15 76	16 67	14 74	10 83	13 75	5 15	6 17	4 15
2. Green and Sea Point	E 3 C 3	3 2	3 ...	4 4	...	3 1	1 ...	2...	...	...	...
3. Woodstock ...	E 17 C 10	11 10	19 28	13 27	20 32	16 29	12 25	14 27	5 13	6 13	1 5
4. Maitland ...	E 4 C 5	1 7	4 11	4 10	...	2 12	1 15	2 8	...	4 13	...
5. Mowbray ...	E 5 C 5	2 2	2 1	1 2	2 7	1 4	2 3	1 6	...	...	...
6. Rondebosch	E 3 C 6	2 ...	1 3	2 6	2 3	1 6	...	1 3	...	...	...
7. Claremont ...	E 8 C 13	2 7	6 22	4 13	5 16	3 15	3 14	2 11	1 6	1 3	...
8. Wynberg ...	E 6 C 20	1 7	9 22	4 24	8 25	6 15	2 10	3 13	1 2	1 7	...
9. Simonstown	E 2 C 1	1 ...	...	1 3	3 2	2 2	...	...	...	...	...
10. Kalk Bay-Muizenberg	E 1 C ...	1 ...	...	...	2 1	2 2	1 1	2...	...	...	...
11. Kimberley ...	E 16 C 25	13 35	14 36	14 37	13 31	14 34	11 25	8 17	4 10	3 8	...
12. Beaconsfield	E 1 C 9	1 8	3 15	4 10	2 22	5 14	1 18	1 13	...	...	...
13. Port Elizabeth	E 16 C 18	10 13	23 19	8 19	12 21	16 21	4 22	12 46	3 13	2 10	...
14. East London	E 10 C 14	7 8	18 20	6 7	11 13	8 18	7 6	3 5	1 6	...	...
15. Cambridge ...	E 2 C 2	...	2 ...	1 2	...	1 2	...	...	...	...	...
16. Grahamstown	E 5 C 18	1 10	8 7	3 15	3 17	3 21	1 12	3 21	...	...	...
17. Uitenhage ...	E 3 C 14	7 8	6 13	3 12	7 20	4 11	3 18	4 28	1 10	2 10	...
18. Paarl ...	E 5 C 12	3 5	2 25	5 11	3 21	1 12	...	1 13	...	...	...
19. Graaff Reinet	E 5 C 14	3 12	2 3	5 14	3 11	1 10	...	1 12	...	...	...
20. Queenstown	E 5 C 7	1 16	1 18	8 22	5 10	...	4 10	2 19	...	...	...
21. King William's Town	E 4 C 6	4 5	3 4	3 8	4 6	5 6	1 8	1 3	...	...	...
22. Oudtshoorn	E 3 C 13	2 16	6 21	4 12	4 14	1 8	2 7	2 10	...	...	...
23. Worcester ...	E 1 C 13	2 12	1 17	2 9	3 9	3 13	1 12	2 16	...	...	...
24. Cradock ...	E 4 C 6	1 6	5 10	5 6	2 17	...	2 7	3 2	...	...	...
25. Middelburg...	E 4 C 9	3 9	3 13	4 13	3 9	2 14	...	2 11	...	...	...
26. Aliwal North	E 2 C 12	1 6	1 10	1 4	2 5	...	1 3	1 6	...	...	...
27. Beaufort West	E 1 C 8	2 8	1 4	1 16	4 9	1 8	4 13	3 8	...	...	...
28. Somerset East	E ... C 8	3 7	2 9	2 10	1 9	3 7	...	2 5	...	...	...
29. Stellenbosch	E 4 C 8	...	1 5	1 11	1 7	2 9	...	1 10	...	...	...
30. Wellington ...	E 1 C 5	1 2	1 9	...	1 7	2 5	...	1 7	...	...	...
31. Mossel Bay ...	E 6 C 9	2 10	1 7	4 7	3 5	2 3	...	...	...	...	...
32. Malmesbury	E ... C 2	...	...	1 5	1 11	3 3	...	1 2	...	...	...
33. Caledon ...	E 1 C 3	2 3	1 2	1 3	1 2	...	...	1 1	...	...	...
34. George ...	E ... C ...	...	...	...	2 3	...	...	1 4	...	...	...
35. De Aar ...	E 1 C 3	...	...	1 3	...	...	...	2 4	...	...	...
36. Robertson ...	E 1 C 6	1 3	...	2 3	4 6	1 4	...	2 5	...	...	...
37. Somerset West Strand	E 1 C 6	3 4	1 5	...	2 5	1 2	...	1 2	...	...	...
38. Kokstad ...	E ... C 3	...	...	...	2 5	...	...	1 2	...	...	...
39. Vryburg ...	E 1 C 2	...	...	3 3	...	...	...	1 9	...	...	...
40. Burghersdorp	E 1 C ...	2 ...	2 5	3 2	...	...	...	1 3	...	...	...
41. Molteno ...	E 1 C 4	1 5	2 5	...	2 5	2 7	...	3 3	...	...	...

CITIES AND TOWNS, 1906.

the number of Deaths registered for the Year 1906 at each age period, distinguishing (a) European
(b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.	P.		
3	6	5	8	18	6	32	5	37	16	49	18	27	11	24	10	13	15	3	6	217	111	328	...	...	293	177	470
16	13	21	20	28	22	26	24	42	30	32	29	21	18	16	13	15	16	3	8	235	214	449	...	...	550	533	1083
1	1	1	...	...	2	2	2	3	...	2	2	1	1	1	5	1	6	...	...	15	21	36	...	...	24	33	57
1	...	...	2	...	...	...	1	1	...	...	1	...	...	...	...	1	...	...	...	2	5	7	1	...	8	12	20
1	1	6	...	10	3	9	3	14	10	12	14	11	11	11	8	2	6	...	2	86	61	150	...	...	161	128	289
2	3	5	3	6	9	4	1	3	8	7	10	4	4	1	3	1	...	1	1	47	56	103	...	...	162	168	330
...	...	...	...	...	2	2	...	3	...	...	2	3	1	1	1	1	...	...	1	10	5	15	...	...	19	14	33
1	3	...	3	4	4	3	2	5	7	6	2	3	1	3	1	...	2	...	1	24	33	57	...	...	71	86	157
...	1	...	3	...	...	...	1	1	1	1	...	3	5	2	5	3	1	...	...	10	17	27	...	...	21	23	44
...	1	...	2	3	2	...	...	5	...	2	5	1	1	...	1	1	...	...	...	13	15	28	...	...	34	33	67
1	...	...	1	...	...	...	...	3	...	...	4	1	...	...	5	2	...	...	...	15	8	23	...	...	21	14	35
1	...	...	...	...	1	1	...	3	...	...	4	1	...	...	...	3	...	...	...	8	10	18	...	...	21	27	51
1	...	...	...	2	...	2	2	6	3	7	3	5	3	2	4	2	...	...	...	27	15	42	...	...	50	28	78
...	4	5	8	1	2	4	6	2	3	6	5	5	10	6	2	4	4	...	1	39	50	89	...	...	113	103	216
3	1	4	3	3	1	3	2	3	4	8	6	7	6	9	4	3	5	1	1	46	33	79	...	...	74	48	122
2	5	4	3	4	2	9	6	8	6	4	4	1	1	6	2	2	4	2	4	54	43	97	...	...	140	118	258
...	...	2	...	2	...	3	1	2	1	2	...	...	...	1	...	1	...	...	...	13	3	16	...	...	21	7	28
1	1	3	2	1	2	2	1	2	2	2	2	3	1	1	1	...	1	1	...	19	13	32	...	...	28	19	47
...	...	...	...	...	1	...	...	1	...	1	...	1	1	...	...	1	...	...	...	5	1	6	...	...	9	6	15
...	1	...	...	...	2	...	...	...	2	1	1	1	2	...	...	...	1	...	...	5	8	13	...	...	10	19	29
3	...	4	6	13	4	14	5	5	6	7	7	12	6	8	8	3	4	1	1	73	49	122	...	...	132	102	234
38	7	53	13	66	12	49	11	68	16	52	9	13	3	7	2	4	4	1	1	362	90	452	...	...	490	230	720
1	1	1	1	1	...	2	...	6	2	5	1	1	...	...	2	...	...	1	...	19	8	27	...	...	27	21	48
64	3	107	2	155	1	162	2	125	9	63	2	9	6	5	7	4	3	1	1	702	40	742	...	...	778	95	873
...	5	4	4	9	5	9	3	14	7	13	11	11	9	11	12	8	8	5	3	88	77	165	...	...	147	126	273
9	11	6	8	12	11	4	9	22	7	5	10	12	5	6	3	3	1	3	3	86	80	166	...	...	187	194	381
2	...	1	6	13	3	6	2	12	9	9	7	4	2	1	3	4	1	1	1	57	35	92	...	...	107	59	166
3	2	3	6	6	3	9	5	12	13	3	6	3	2	...	1	1	...	...	1	42	40	82	...	...	103	81	184
...	...	...	...	...	1	...	1	2	...	...	2	...	1	...	1	...	1	...	...	3	7	10	...	...	7	10	17
1	...	...	2	...	1	...	...	...	1	...	1	...	1	...	...	...	...	...	...	3	1	7	...	...	12	9	21
...	...	2	3	2	1	2	2	3	5	4	2	1	...	6	5	8	1	5	1	22	37	59	...	...	40	47	87
...	2	5	5	5	7	5	4	13	8	7	5	7	4	7	4	5	5	5	2	63	51	114	...	...	128	126	254
2	1	1	...	1	1	2	...	3	2	4	1	2	2	2	5	2	2	1	...	21	16	37	...	...	44	36	80
7	6	6	10	1	6	3	2	14	7	5	3	2	3	9	...	4	6	1	4	60	55	115	...	...	140	135	275
3	...	...	2	...	...	1	2	1	5	8	3	...	2	2	3	2	1	3	2	19	21	40	...	...	30	34	64
3	2	4	7	2	...	4	3	3	11	8	6	2	2	7	1	3	3	...	...	44	42	86	...	...	131	104	235
...	2	1	1	1	1	1	2	3	3	2	4	6	1	1	5	1	7	1	1	17	30	47	...	...	28	44	72
2	6	5	9	3	5	5	4	3	10	7	9	11	5	1	3	1	1	2	2	57	63	120	...	...	99	119	218
...	1	3	2	...	1	...	1	2	1	1	...	1	...	...	2	5	1	2	...	17	9	26	...	...	33	22	55
2	3	1	6	3	4	1	4	5	5	5	...	1	4	...	2	2	2	...	...	24	33	57	...	...	85	110	195
2	...	1	5	2	2	2	1	1	2	1	3	2	3	7	2	2	4	1	1	24	25	49	...	...	37	46	83
3	1	1	3	3	2	6	...	2	4	3	...	5	5	2	2	2	...	...	1	27	23	50	...	...	56	57	113
3	...	2	1	...	1	2	1	3	1	1	1	3	3	2	3	2	2	1	2	17	23	40	...	...	32	34	66
2	4	7	7	4	5	2	2	8	2	2	2	3	5	1	3	2	1	...	1	40	43	83	...	...	101	97	198
1	...	...	2	1	2	...	1	3	2	...	3	1	3	1	2	...	...	...	1	7	16	23	...	...	16	27	43
4	1	5	2	3	...	1	5	4	4	10	4	6	4	8	6	3	4	...	2								

ANNEXURE "G."—Table 4 (continued), showing for each of 60 of the Cities and Towns of the Colony and Coloured, and

TOWNS.		0 day to 1 month.		1 month to under 6 months.		6 months to under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.
<i>Totals—Distinguishing Race (continued) :—</i>		E	...	1	2	...	2	1	...	...	...	...	...	...	...	5	2	7	...	1	...	...
42. Mafeking ...	C	1	1	2	2	1	1	2	...	1	...	...	1	...	...	7	5	12	2	2	...	1
43. Victoria West ...	E	...	1	5	...	...	...	1	1	...	...	1	...	...	...	7	2	9	...	...	...	...
	C	5	1	4	2	3	...	6	3	1	2	...	...	...	...	19	8	27	1	...	...	1
44. Colesberg ...	E	3	2	1	1	2	1	...	...	...	...	...	...	...	...	6	4	10	...	...	...	1
	C	3	2	6	4	3	2	7	4	4	2	1	1	...	...	24	15	39	1	1	...	...
45. Riversdale ...	E	1	...	1	...	...	...	...	1	...	...	...	...	...	...	2	1	3	...	...	1	...
	C	4	4	2	4	...	1	2	1	...	...	...	...	...	...	8	10	18	1	1	1	1
46. Somerset West ...	E	1	1	...	3	1	...	3	...	...	...	...	...	...	...	5	4	9	...	...	...	...
	C	1	4	3	10	3	1	2	3	...	...	...	...	...	...	9	18	27	1	2	...	...
47. Indwe ...	E	...	...	2	1	1	1	...	...	...	...	...	...	...	...	3	2	5	...	...	...	...
	C	3	4	2	5	5	3	1	1	3	...	2	3	1	...	17	16	33	1	2	...	...
48. Aberdeen ...	E	2	1	1	1	5	2	3	...	1	...	...	...	...	1	12	5	17	1	1	...	1
	C	6	1	5	2	2	1	4	4	2	1	1	...	1	...	21	9	30	3	1	...	1
49. Peelson ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	4	1	3	5	7	6	3	8	1	3	...	1	...	...	18	24	42	1	3	2	2
50. Upington ...	E	1	...	1	1	...	...	...	...	...	...	...	1	1	...	3	2	5	...	...	...	...
	C	...	3	3	1	3	4	2	8	5	1	4	...	...	1	17	18	35	3	...	...	2
51. Ceres ...	E	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...
	C	4	2	5	7	2	1	3	1	...	2	1	1	2	...	17	14	31	...	2	2	...
52. Swellendam ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	3	1	2	...	...	1	...	1	2	1	...	...	...	...	7	4	11	...	2	...	...
53. Umtata ...	E	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	2	...	...	1	...
	C	1	...	...	3	1	3	1	1	1	...	1	2	...	...	5	9	14	1	...	...	1
54. Bedford ...	E	...	1	...	...	...	2	...	1	...	...	...	...	...	1	...	5	5	...	...	...	...
	C	3	2	2	3	2	...	3	1	...	1	...	...	...	...	10	7	17	...	1	1	...
55. Tarkastad ...	E	...	1	1	1	...	...	...	1	...	...	1	...	...	...	3	2	5	...	...	...	...
	C	4	...	7	2	1	5	4	4	2	2	...	...	...	1	18	14	32	1	1	...	1
56. Steynsburg...	E	...	1	2	2	2	3	...	1	...	...	...	...	...	...	4	7	11	...	...	...	1
	C	1	1	1	4	3	3	3	2	1	...	...	...	...	...	9	10	19	...	3	...	5
57. Willowmore ...	E	2	1	1	...	...	...	...	...	...	...	2	1	...	...	5	2	7	...	...	...	1
	C	3	2	10	1	1	2	3	4	2	2	...	1	...	...	19	12	31	...	1	...	1
58. O'okiep ...	E	1	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...
	C	7	7	5	2	4	1	...	7	2	3	1	...	...	...	19	20	39	2	4	4	2
59. Dordrecht....	E	1	...	2	3	3	...	1	...	1	1	...	1	...	...	8	5	13	...	...	...	...
	C	3	...	4	3	2	2	2	1	...	...	...	...	...	...	11	6	17	...	...	...	1
60. Richmond ...	E	1	...	2	1	...	1	2	1	...	...	...	...	1	...	6	3	9	2	1	...	1
	C	...	2	1	...	2	2	3	3	3	...	...	...	...	...	9	7	16	...	...	2	2

the number of Deaths registered for the year 1906, at each age period, distinguishing (a) European
(b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 Years.			Unspeci- fied.		ALL AGES.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.	P.		
...	3	2	...	2	1	1	7	3	10	12	5	17
2	1	1	...	2	...	...	...	2	...	4	...	1	...	...	...	...	...	...	15	4	19	1	...	23	9	32
2	1	1	1	...	1	...	...	2	...	1	...	...	...	2	1	...	1	...	8	5	13	...	...	15	7	22
...	3	...	4	3	2	...	1	1	1	1	1	5	3	...	2	...	...	1	12	18	30	...	...	31	26	57
1	...	...	...	3	...	...	...	...	1	2	...	...	...	...	2	1	...	...	8	3	11	...	...	14	7	21
1	...	2	...	...	2	1	2	5	1	4	...	3	2	3	1	3	3	...	23	15	38	...	...	47	30	77
...	...	...	1	...	...	...	1	1	...	...	...	...	2	...	2	1	1	...	3	8	11	...	...	5	9	14
3	1	...	2	...	1	1	2	2	...	2	2	2	2	2	...	3	...	2	19	13	32	...	...	27	23	50
...	...	...	...	...	...	...	...	4	2	...	...	...	1	...	...	...	1	...	4	4	8	...	...	9	8	17
1	...	3	1	...	1	...	1	1	...	1	3	...	...	2	2	...	...	...	9	10	19	...	...	18	28	46
...	...	...	...	1	...	1	...	...	...	1	1	...	...	...	...	...	...	...	3	1	4	...	...	6	3	9
3	2	2	...	1	1	1	...	3	1	1	1	1	1	...	1	...	...	...	13	9	22	...	...	30	25	55
1	1	...	...	...	...	...	...	...	1	2	...	...	2	2	...	...	1	...	6	7	13	...	...	18	12	30
...	1	3	...	1	1	...	...	1	1	...	1	...	...	1	2	1	2	1	11	11	22	...	...	32	20	52
...	
...	...	1	1	3	3	...	1	1	2	...	1	2	3	1	3	3	...	1	15	20	35	...	...	33	44	77
...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	1	2	3	...	...	4	4	8
...	...	...	4	1	3	3	2	3	2	2	3	2	2	...	1	...	1	...	14	20	34	...	...	31	38	69
...	...	1	...	1	...	...	...	1	...	...	...	...	1	...	1	1	1	...	4	3	7	...	...	4	4	8
1	4	...	3	1	...	1	...	2	2	3	2	...	1	1	2	1	2	...	12	20	32	...	...	29	34	63
...	...	...	...	...	...	...	1	...	...	...	...	2	...	1	1	...	...	1	3	3	6	...	...	3	3	6
...	2	...	...	1	...	...	...	...	...	2	1	1	...	...	1	...	2	...	4	8	12	...	...	11	12	23
...	...	...	...	1	...	...	...	...	...	1	1	1	...	...	...	...	...	...	4	1	5	...	...	4	3	7
...	...	2	...	1	1	1	...	2	1	1	...	1	1	...	...	...	...	...	9	4	13	...	...	14	13	27
...	...	...	...	2	...	...	...	1	...	...	1	...	...	...	...	2	...	...	3	3	6	...	...	3	8	11
...	2	5	1	1	2	1	2	...	...	1	...	...	...	...	...	1	1	...	10	12	22	...	...	20	19	39
...	...	1	2	1	...	...	...	1	1	3	...	1	...	1	1	...	1	...	8	5	13	...	...	11	7	18
...	3	...	...	...	2	...	1	...	1	...	1	...	1	1	...	1	...	5	11	16	...	...	23	25	48	
...	1	1	...	1	...	1	2	...	2	1	1	1	...	...	...	2	1	...	7	8	15	...	...	11	15	26
...	...	...	...	...	...	...	1	1	2	...	2	...	...	...	...	...	2	1	3	14	17	...	...	12	24	36
...	...	...	...	...	...	...	...	3	...	...	1	...	1	...	...	1	...	...	4	3	7	...	...	9	5	14
2	...	2	4	1	1	1	1	1	1	...	1	...	...	...	...	...	1	...	7	11	18	...	...	26	23	49
...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	4	...	4
1	4	...	3	1	...	2	2	3	...	2	3	3	...	1	1	...	3	...	19	22	41	...	...	38	42	80
...	...	...	...	...	...	...	...	2	1	...	...	...	1	...	1	...	...	...	2	3	5	...	...	10	8	18
1	1	...	1	1	...	...	...	...	1	...	1	...	...	1	...	...	1	...	3	6	9	...	...	14	12	26
1	...	...	1	1	...	...	...	...	...	2	...	...	...	3	...	...	...	...	9	3	12	...	...	15	6	21
...	4	1	1	...	1	...	2	1	...	3	2	2	...	1	...	3	2	1	14	15	29	...	...	23	22	45

ANNEXURE "G."—Table 5, showing for 60 of the Cities and Towns of the Colony combined the number of distinguishing (a) European and

Class No.	Sub-Class No.	DISEASES.	0 day to 1 month.		1 month to under 6 months.		6 months to under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
		GRAND TOTAL.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.
		Deaths from All Causes.																					
		European ...	187	126	199	157	174	144	101	106	41	36	21	16	11	14	734	599	1333	34	33	14	27
		Coloured ...	434	358	557	498	525	478	465	507	201	192	92	108	45	57	2319	2198	4517	110	144	79	93
		Total ...	621	484	756	655	699	622	566	613	242	228	113	124	56	71	3053	2797	5850	144	177	93	120
		Totals—All Races :—																					
I.	1	Small-pox ...	...	...	...	4	...	...	...	1	...	...	...	...	...	...	...	5	5	...	...	...	...
		Chicken-pox ...	...	...	...	1	...	2	...	...	...	...	...	...	1	...	1	3	4	...	...	...	...
		Measles ...	2	...	5	1	32	32	63	76	31	37	14	13	6	6	153	165	318	12	8	2	1
		Rotheln ...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	2	...	...	...	...
		Scarlet Fever...	...	...	...	1	...	...	...	...	1	1	...	1	...	1	1	4	5	...	2	...	...
		Influenza ...	1	1	1	3	1	2	3	1	...	1	...	...	1	...	7	8	15	...	1	...	...
		Whooping Cough ..	...	...	25	13	18	20	17	26	9	11	6	6	1	3	76	79	155	2	7	...	1
		Diphtheria and Croup	...	1	1	2	5	1	5	9	5	7	6	3	2	5	24	28	52	8	8	...	2
		Typhoid Fever, Simple	...	...	1	...	...	...	2	3	1	...	...	2	1	1	5	6	11	6	5	10	10
		Continued Fever, Malarial, Remittent Fever and Fever																					
		Diarrhoea and Dysentery	10	6	86	76	108	99	62	69	22	16	8	8	1	...	297	274	571	3	4	4	2
		Tuberculosis, including Hæmoptysis	1	2	20	20	39	28	44	44	32	32	21	20	12	12	169	158	327	47	48	24	44
		Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	31	12	2	1	...	...	...	2	...	1	1	1	1	1	38	21	59	1	2	2	1
		Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Beri-Beri ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Others ...	9	8	21	14	8	6	4	5	1	1	2	1	...	...	48	35	83	3	...	2	...
III.	2	Thrush and Stomatitis	...	1	1	1	3	1	...	2	1	1	...	2	2	1	7	9	16	...	1	...	...
		Others ...	...	...	...	...	...	...	1	3	2	...	2	1	1	...	6	4	10	2	...	...	...
		Cancer (Malignant Disease)	...	...	...	...	...	...	...	...	3	1	...	...	...	...	3	1	4	1	...	...	...
		Others ...	...	...	1	1	2	1	1	...	...	...	...	1	1	...	5	3	8	1	2	6	3
IV.		Premature Birth and Accidents during Birth	215	173	6	10	2	...	1	...	...	...	...	...	...	...	224	183	407	...	...	...	...
		Malformations ...	36	29	6	2	...	...	...	...	...	...	...	...	...	...	42	31	73	...	...	...	...
		Dentition ...	...	...	2	...	11	18	3	10	...	1	...	...	...	...	16	29	45	...	...	...	...
		Old Age (Senile Decay)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Others ...	13	15	1	1	...	...	1	2	...	1	...	...	...	...	15	22	37	...	1	...	...
V.	1	Acute Inflammation of Brain and Membranes	1	1	8	13	21	17	20	19	11	7	6	5	4	5	71	67	138	7	5	3	3
		Convulsions ...	100	87	49	41	18	33	17	12	7	5	2	3	...	2	193	183	376	2	2	...	...
		Others ...	3	...	1	2	1	2	...	...	3	...	...	3	...	...	8	7	15	2	2	3	6
V.	3	Heart Disease Organic, Degeneration, Syncope	2	1	7	1	3	2	7	2	...	2	...	...	...	...	19	8	27	2	7	9	9
		Apoplexy ...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	3	...	3	...	...	...	...
		Others ...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	1	1	2
V.	4	Bronchitis ...	19	27	90	96	91	72	82	61	28	30	10	12	6	9	326	307	633	7	11	...	6
		Pneumonia, Inflammation, Congestion of Lungs, Pleurisy	25	20	93	85	115	103	110	121	45	30	21	26	9	13	418	398	816	21	28	13	9
		Others ...	3	...	...	...	3	...	2	3	...	1	2	2	...	...	10	6	16	1	...	1	1
V.	5	Enteritis, Gastro-Enteritis, Marasmus	37	33	257	205	189	161	100	120	26	28	6	9	1	7	616	563	1179	4	9	4	7
		Others ...	5	4	1	1	...	2	2	...	...	1	1	2	1	1	10	11	21	1	3	...	3
V.	6	The Liver ...	6	6	3	2	...	...	1	1	1	...	1	...	...	...	12	9	21	2	...	...	...
V.	8	Bright's Disease, Nephritis, Uræmia	...	...	1	2	2	2	3	3	4	2	1	1	2	3	13	13	26	1	5	4	2
		Others ...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...
V.	9	Parturition ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VI.		Violence ...	8	5	5	2	6	3	4	3	3	6	2	2	2	...	30	21	51	6	10	3	3
VII.		Debility, Atrophy, Inanition	82	43	22	17	6	7	4	5	...	...	...	...	...	...	114	72	186	...	1	...	...
		Others ...	2	3	3	1	1	1	...	1	2	1	...	...	...	1	8	8	16	...	...	...	1
II.	V.	All other Diseases ...	6	5	36	29	13	7	6	8	1	4	...	...	1	...	63	53	116	2	3	2	4

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.	P.
36	34	49	65	106	44	111	50	172	102	174	111	133	108	132	117	85	94	22	28	1068	813	1881	...	...	1802	1412	3214
204	146	293	188	351	150	347	156	409	218	293	171	171	132	132	100	107	102	45	56	2541	1656	4197	2	...	4862	3854	8716
240	180	342	253	457	194	458	206	581	320	467	282	304	240	264	217	192	196	67	84	3609	2469	6078	2	...	6664	5266	11930
...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	1	6	7
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1
1	1	...	1	...	1	...	1	...	...	1	...	...	...	1	...	...	...	...	...	17	13	30	...	...	170	178	348
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	1	6	7
2	1	1	3	2	...	2	2	3	1	1	3	1	2	...	1	5	1	2	1	19	19	38	...	...	26	27	53
...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	4	9	13	...	...	80	88	168
...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	8	13	21	...	...	32	41	73
16	17	18	8	23	8	20	5	16	1	4	2	...	1	...	2	...	1	...	...	113	63	176	...	...	118	69	187
...
5	3	3	2	10	1	8	2	20	6	11	1	4	3	7	5	4	6	1	...	80	35	115	...	...	377	309	686
96	92	100	130	122	97	120	89	167	123	102	54	39	31	21	17	10	3	3	1	851	729	1580	1	...	1021	887	1908
2	...	3	1	3	3	2	1	4	2	4	1	1	...	1	2	2	...	...	...	25	13	38	...	...	63	34	97
...
...	1	...	7	...	5	...	2	...	6	...	1	...	...	...	...	...	...	...	...	...	22	22	...	...	...	22	22
...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1
3	5	1	6	1	3	14	4	7	4	11	9	9	3	2	2	...	1	...	...	59	37	96	...	...	107	72	179
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	2	...	...	8	10	18
2	...	...	1	1	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	6	3	9	...	...	12	7	19
...	2	3	3	3	1	4	8	12	26	34	39	37	23	29	27	15	8	2	3	140	140	280	...	...	143	111	281
1	6	1	2	2	1	2	...	2	5	4	...	1	6	4	2	2	2	1	...	27	29	56	...	...	32	32	61
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	224	183	107
...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	42	31	73
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16	29	45
...	...	...	...	...	...	...	...	...	...	...	...	2	1	13	15	35	37	18	33	68	86	154	...	...	68	86	151
1	...	...	...	...	...	...	...	...	1	...	2	8	2	1	2	...	...	...	...	10	8	18	...	...	25	30	55
8	2	4	...	7	3	7	5	11	1	1	1	3	...	...	...	1	2	...	...	52	22	74	...	...	123	89	212
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	195	185	380
8	1	1	2	18	6	15	7	27	15	21	20	11	11	12	8	8	7	...	3	129	88	217	...	...	137	95	232
7	8	13	11	17	10	19	19	51	39	71	41	56	46	11	11	31	30	13	16	333	283	616	...	...	352	291	613
1	...	3	1	1	2	2	2	3	3	8	21	19	17	17	18	16	32	4	9	74	105	179	...	...	77	105	182
2	...	3	...	1	1	2	5	8	2	10	3	10	9	12	9	5	1	2	2	56	35	91	...	...	57	36	93
3	1	2	1	2	3	2	...	2	2	4	5	6	10	11	18	13	11	10	7	62	75	137	...	...	388	382	770
55	17	124	17	165	13	152	12	136	20	80	28	33	26	33	18	13	16	...	4	825	208	1033	...	...	1213	606	1819
...	...	2	1	...	1	4	2	3	5	1	1	3	2	3	3	2	2	1	...	21	18	39	...	...	31	24	55
3	1	3	8	7	1	10	4	6	2	4	2	1	8	3	5	3	9	2	...	53	59	112	...	...	669	622	1291
3	2	8	7	7	6	8	5	6	7	8	9	6	5	6	2	3	2	...	...	56	51	107	...	...	66	62	128
2	3	4	2	3	1	3	3	10	2	12	4	9	6	11	6	4	1	1	...	64	31	95	...	...	76	40	116
...	5	5	3	7	2	10	3	14	6	20	15	18	13	13	4	6	8	2	2	100	68	168	...	...	113	81	191
2	...	1	3	3	1	...	4	3	6	3	5	8	6	6	1	7	2	4	...	37	29	66	...	...	38	29	67
...	5	...	22	...	15	...	12	...	17	...	1	...	...	...	...	...	...	...	...	...	72	72	...	...	...	72	72
11	5	22	6	39	3	45	4	46	8	27	3	11	6	6	2	2	1	1	...	222	51	273	...	...	252	72	321
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	114	73	187
1	...	1	...	...	2	...	1	4	1	6	...	2	1	3	3	1	4	...	2	21	15	36	1	...	30	23	53
2	...	7	3	10	1	7	1	20	5	18	7	2	1	2	1	...	3	...	1	72	33	105	...	...	135	86	221

ANNEXURE "G."—Table 5 (continued), showing for 60 of the Cities and Towns of the Colony combined the Age Period, distinguishing (a) European

Class No.	Sub-Class No.	DISEASES.	0 day to 1 month.		1 month to under 6 months.		6 months to under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.
I.	1	<i>Totals—Distinguishing Race:—</i>	E	...	...	...	...	...	...	...	...	...	...	...	...	...	M.	F.	P.	M.	F.	M.	F.
		Small-pox ...	C	...	...	...	4	...	...	1	...	...	...	...	...	...	...	5	5	...	...	...	...
		Chicken-pox ..	E	...	...	...	...	1	...	...	...	...	...	...	1	...	1	1	2	...	...	...	...
		Measles ...	C	2	...	...	1	9	7	13	15	7	8	1	4	...	32	37	69	3	1	...	...
		Rötheln ...	E	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...
		Scarlet Fever	C	...	...	...	...	...	...	...	...	1	...	...	1	...	...	3	3	...	...	...	...
		Influenza ...	E	...	1	...	1	...	...	...	1	...	...	...	...	...	...	4	4	...	...	...	...
		Whooping Cough	C	1	...	1	2	1	2	3	...	...	...	...	1	...	7	4	11	...	1	...	...
		Diphtheria and Croup	E	...	...	...	...	...	...	...	2	...	...	...	...	...	25	20	45	...	1	...	...
			C	...	...	14	9	11	15	12	16	7	11	6	6	1	51	59	110	2	6	...	1
		Typhoid Fever, etc.	E	...	...	...	1	...	...	3	3	2	4	2	1	2	11	11	22	6	5	...	1
			C	...	1	1	1	5	...	2	6	2	5	2	1	3	13	17	30	2	3	...	1
		Diarrhoea, etc.	E	...	...	...	...	...	...	...	1	...	...	...	2	...	1	2	3	3	2	3	5
			C	...	...	1	...	...	...	2	3	...	...	...	1	1	4	4	8	3	3	7	5
		Tuberculosis, including Hamoptysis	E	1	...	22	15	23	16	4	11	...	...	1	...	...	51	42	93	1	...	1	...
			C	9	6	64	61	85	83	58	58	22	16	7	8	1	246	232	478	2	4	3	2
		Erysipelas, etc.	E	1	1	8	4	10	8	9	6	4	3	1	1	3	36	23	59	5	1	2	3
			C	...	1	12	16	29	20	35	38	28	29	20	19	9	133	135	268	42	47	22	41
		Puerperal Fever	E	8	2	1	2	...	...	...	1	...	1	...	1	1	11	7	18	...	2	...	1
			C	26	10	1	2	...	...	...	1	...	...	...	...	...	27	14	41	1	...	2	...
		Beri-beri ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Others ...	E	3	2	3	2	...	1	...	1	...	1	...	...	...	7	6	13	1	...	...	...
			C	6	6	18	12	8	5	4	4	4	1	1	...	...	41	29	70	2	...	2	...
III.	2	Thrush and Stomatitis.	E	...	1	...	1	...	...	1	...	...	...	...	...	...	1	3	4	...	...	...	...
			C	...	...	1	...	2	1	...	1	1	...	2	2	1	6	6	12	...	1	...	...
		From other Vegetable and Animal Parasites.	E	...	...	...	...	...	...	...	1	...	...	1	...	...	1	1	2	...	...	...	...
			C	...	...	...	...	...	1	3	1	...	2	...	1	...	5	3	8	2	...	...	...
IV.		Cancer (Malignant Disease).	E	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	2	1	...	...	...
			C	...	...	...	...	...	...	...	2	...	...	...	...	...	2	...	2	...	...	...	...
		Others ...	E	...	...	...	2	...	1	...	...	...	...	...	1	...	4	...	4	...	1	1	2
V.	1	Premature Birth and Accidents during Birth.	E	71	53	1	3	2	...	...	...	...	...	...	...	...	74	56	130	...	...	...	...
			C	144	120	5	7	...	...	1	...	...	...	...	...	...	150	127	277	...	...	...	...
		Malformations	E	17	17	1	...	...	...	...	...	...	...	...	...	...	18	17	35	...	...	...	...
			C	19	12	5	2	...	...	...	...	...	...	...	...	...	24	14	38	...	...	...	...
		Dentition ...	E	...	...	...	...	2	6	...	...	...	...	...	...	...	2	9	11	...	...	...	...
			C	...	...	2	...	9	12	3	7	...	1	...	...	...	14	20	34	...	...	...	...
		Old Age (Senile Decay).	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Others ...	E	6	5	...	2	...	...	1	...	...	...	...	...	...	7	8	15	...	1	...	...
			C	7	10	1	2	...	...	2	...	...	...	...	...	...	8	14	22	...	...	...	...
VI.	1	Acute Inflammation of Brain and Membranes	E	1	1	3	6	13	9	7	4	5	3	2	1	2	33	26	59	1	3	...	2
			C	...	...	5	7	8	8	13	15	6	4	4	4	2	38	41	79	6	2	3	1
		Convulsions ...	E	20	8	5	7	4	6	5	1	1	1	1	...	...	36	23	59	...	...	...	...
			C	80	79	44	34	14	27	12	11	6	4	1	3	...	157	160	317	2	2	...	...
		Others ...	E	1	...	1	1	...	...	...	2	...	...	...	...	...	4	1	5	1	1	1	3
			C	2	...	...	1	1	2	...	...	1	...	...	3	...	4	6	10	1	1	2	3
	3	Heart Disease, Organic, Degeneration, Syncope	E	1	...	1	...	...	1	3	1	...	...	...	...	...	8	2	10	2	3	1	4
			C	1	1	3	1	3	1	4	1	...	2	...	...	...	11	6	17	...	4	8	5
		Apoplexy ...	E	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...
			C	1	...	...	...	...	...	...	...	...	1	...	...	...	2	...	2	...	...	...	...
	4	Others ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
			C	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	1	1
		Bronchitis ...	E	6	7	15	15	5	5	6	3	3	3	...	...	1	35	34	69	...	...	...	1
			C	13	20	75	81	86	67	76	58	25	27	10	12	6	291	273	564	7	11	...	5
	5	Pneumonia, Inflammation and Congestion of the Lungs and Pleurisy	E	8	3	10	10	23	14	18	15	6	4	4	1	...	69	48	117	1	1	1	...
			C	17	17	83	75	92	89	92	106	39	26	17	25	9	349	350	699	20	27	12	9
		Others ...	E	...	...	...	...	1	...	...	...	...	1	2	...	...	2	3	5	1	...	...	...
			C	3	...	...	...	2	...	2	2	...	1	...	...	...	8	3	11	...	...	1	1
	6	Enteritis, Gastro-Enteritis and Marasmus	E	10	7	87	64	60	53	22	23	4	2	1	1	...	184	152	336	2	1	2	1
			C	27	26	170	141	129	108	78	97	22	26	5	8	1	432	411	843	2	8	2	6
		Others ...	E	2	...	1	1	...	...	...	...	1	1	...	...	...	4	3	7	1	2	...	2
			C	3	4	...	...	...	1	2	...	...	...	2	1	1	6	8	14	...	1	...	1
	8	The Liver ...	E	...	1	2	...	...	...	1	...	...	1	...	...	...	3	2	5	1	...	...	...
			C	6	5	1	2	...	...	1	...	1	...	...	...	...	9	7	16	1	...	...	...
		Bright's Disease, Nephritis, Uremia	E	...	...	1	...	...	1	...	...	1	...	...	...	...	1	3	4	...	1	1	...
			C	...	...	2	...	2	1	3	3	4	1	1	1	2	12	10	22	1	4	3	2
	9	Others ...	E	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
			C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
		Diseases of Parturition	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VII.		Violence ...	E	4	1	...	2	4	3	2	2	1	1	1	...	2	14	9	23	3	3	1	...
			C	4	4	...	...	2	...	2	1	2	5	1	2	...	16	12	28	3	7	2	3
II.	2, 7, 10, 11	Debility, Atrophy, Inanition	E	21	13	6	3	1	4	1	2	...	...	...	...	...	29	22	51	...	1	...	...
			C	61	30	16	14	5	3	3	3	...	...	...	...	...	85	50	135	...	...	...	...
V.		Others ...	E	1	...	1	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	1
			C	1	3	2	1	1	1	...	1	2	1	...	...	1	6	8	14	...	...	...	...
		All other Diseases	E	3	3	16	11	6	2	...	...	2	...	...	...	...	25	18	43	1	1	...	...
			C	3	2	20	18	7	5	6	8	1	2	...	...	...	38	35	73	1	2	2	4

number of Deaths from certain specified Diseases and from All Other Diseases registered for the Year 1906, at each and Coloured, and (b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspecified.		ALL AGES.			
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.	P.	
...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1
...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	6	6
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	4	2	5	...	...	36	39	75
1	1	...	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	13	11	24	...	...	131	139	273
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
...	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	4	4
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	2	3
...	...	...	3	2	...	1	1	1	1	1	1	1	1	...	...	2	3	...	...	8	10	18	...	...	8	14	22
2	1	1	...	...	...	1	1	2	...	...	2	...	1	...	1	3	1	2	1	11	9	20	...	...	18	13	31
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	25	21	46
...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	4	8	12	...	...	55	67	122
...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	6	8	14	...	...	17	19	36
...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	5	7	...	...	15	22	37
9	6	7	4	13	2	12	2	7	3	3	...	...	1	...	1	...	...	...	...	57	26	83	...	...	58	28	86
7	11	11	4	10	6	8	3	9	1	1	2	...	...	...	1	...	1	...	...	56	37	93	...	...	60	41	101
...	1	1	3	1	2	2	3	3	3	2	1	...	15	9	24	66	51	117
5	3	3	2	10	1	8	2	19	5	8	...	2	1	4	2	1	4	...	...	65	26	91	...	...	311	258	569
6	10	17	18	36	18	31	11	50	16	23	11	7	7	4	2	...	...	...	...	181	97	278	...	...	217	120	337
90	82	83	112	86	79	89	78	117	107	79	43	32	24	17	15	10	3	3	1	670	632	1302	1	...	804	767	1571	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	4	11	...	...	18	11	29
2	...	2	1	3	3	2	1	3	2	2	1	1	...	...	1	...	...	...	...	18	9	27	...	...	45	23	68
...	...	...	1	...	...	...	1	...	2	...	1	...	...	...	...	...	...	...	...	...	5	5	...	...	...	5	5
...	1	...	6	...	5	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	17	17	...	...	...	17	17
...	
...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1
1	...	...	...	...	...	4	...	...	...	3	...	2	1	...	1	...	...	...	...	11	2	13	...	...	18	8	26
2	5	4	6	4	3	10	4	7	4	8	9	7	2	2	1	...	1	...	...	48	35	83	...	...	89	64	153
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	7	7	14
...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1	1	2	...	...	2	2	4
2	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	5	2	7	...	...	10	5	15
...	...	1	1	2	...	3	6	10	19	21	21	23	12	22	21	11	6	1	2	98	91	189	...	...	99	92	191
...	2	2	2	1	1	1	2	2	7	10	15	14	11	7	6	4	2	1	1	42	49	91	...	...	44	49	93
...	4	...	...	1	1	...	...	...	2	3	...	...	1	2	1	...	1	...	...	7	13	20	...	...	11	13	24
1	2	1	2	1	...	2	...	2	3	1	...	1	5	2	1	2	1	1	...	20	16	36	...	...	21	19	40
...	74	56	130
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	150	127	277
...	18	17	35
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	24	14	38
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	9	11
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	20	34
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21	25						

ANNEXURE "G."—Table 6. Deaths.—Total under each

Class No.	Sub-Class No	DISEASES.	0 day to 1 month.		1 month to under 6 months.		6 months to under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.	
		Grand Total ...	621	484	756	655	699	622	566	613	242	228	113	124	56	71	3053	2797	5850	144	177	93	120	
I.	1	Zymotic Diseases ...	E	15	6	45	31	49	39	34	49	17	16	9	10	6	7	175	158	333	19	13	6	10
			C	42	24	117	109	162	151	166	188	88	91	49	45	20	22	644	630	1274	63	72	38	51
	2	Parasitic Diseases ...	E	...	1	...	1	...	...	1	1	...	...	1	...	...	2	1	6	...	...	...	...
			C	...	...	1	...	2	1	1	4	2	1	2	2	3	1	11	9	20	2	1	...	...
II.		Dietetic Diseases and Chronic Poisoning	E	3	3	12	9	4	1	...	...	...	2	...	...	...	...	19	15	34	...	...	...	...
			C	3	2	17	17	6	5	3	5	...	2	...	...	...	...	29	31	60	...	1	1	1
III.		Constitutional Diseases	E	...	...	...	...	2	...	1	...	1	1	...	...	1	...	5	1	6	1	1	1	2
			C	...	...	1	1	...	1	...	...	2	...	...	1	...	...	3	3	6	1	1	5	1
IV.		Developmental Defects and Degeneration	E	94	75	2	5	4	6	1	3	...	1	...	...	...	...	101	90	191	...	1	...	...
			C	170	142	13	11	9	12	4	9	...	1	...	...	...	...	196	175	371	...	...	...	...
V.	1	Nervous System ...	E	22	9	9	14	17	15	12	5	8	4	3	1	2	2	73	50	123	2	4	1	5
			C	82	79	49	42	23	37	25	26	13	8	5	10	2	5	199	207	406	9	5	5	1
	2	Organs of Special Sense	E	...	...	1	1	1	1	...	...	...	...	...	...	...	...	2	2	4	...	...	...	...
			C	...	...	...	...	...	...	2	1	1	...	...	...	1	...	1	1	5	...	1	...	1
	3	Circulatory System	E	1	...	4	...	...	1	4	1	...	...	...	...	...	...	9	2	11	2	4	1	5
			C	2	2	4	1	3	1	4	1	...	2	1	...	...	...	14	7	21	...	4	9	6
	4	Respiratory System	E	14	10	25	25	29	19	24	19	9	7	5	3	...	2	106	85	191	2	1	1	1
			C	33	37	158	156	180	156	170	166	64	54	28	37	15	20	648	626	1274	27	38	13	15
	5	Alimentary Canal ...	E	12	7	88	65	60	54	22	23	4	3	2	1	...	2	188	155	343	3	3	2	3
			C	30	30	170	141	129	109	80	97	22	26	5	10	2	6	438	419	857	2	9	2	7
	6	The Liver ...	E	...	1	2	...	...	...	1	...	...	1	...	...	...	...	3	2	5	1	...	...	...
			C	6	5	1	2	...	...	1	...	1	...	...	...	...	...	9	7	16	1	...	...	...
	7	Lymphatic System & Ductless Glands	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
			C	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1
	8	Urinary System and Organs of Generation	E	...	...	1	...	1	1	...	...	...	1	...	...	1	...	2	3	5	...	1	1	...
			C	...	...	...	2	2	1	3	3	4	1	1	1	2	2	12	10	22	1	5	3	2
	9	Parturition ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	10	Bones and Joints ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
			C	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	1	...	1	1
	11	Integumentary System	E	...	...	3	1	1	...	...	...	...	...	...	...	...	...	4	1	5	...	...	...	...
			C	...	...	2	1	1	...	1	1	...	...	...	...	...	...	4	2	6	...	...	...	...
VI.		Violence ...	E	4	1	...	2	4	3	2	2	1	1	1	...	2	...	14	9	23	3	3	1	...
			C	4	4	5	...	2	...	2	1	2	5	1	2	...	...	16	12	28	3	7	2	3
VII.		Ill-defined and not specified	E	22	13	7	3	1	4	1	2	...	...	...	...	...	...	31	22	53	...	1	...	1
			C	62	33	18	15	6	4	3	1	2	1	...	...	1	...	91	58	149	...	...	...	...

Class and Sub-Class of Disease.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.	M.	F.	M.	F.	P.
240	180	342	253	457	194	458	206	581	320	467	282	304	240	264	217	192	196	67	84	3609	2469	6078	2	...	6664	5266	11930
16	16	26	27	51	20	18	16	60	23	36	11	12	13	8	8	7	5	1	...	290	165	455	...	...	165	323	788
109	106	106	133	113	98	118	90	157	123	99	57	12	28	21	21	11	10	5	2	888	791	1679	1	...	1533	1121	2951
...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1	1	2	...	...	3	5	8
2	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	6	3	9	...	...	17	12	29
...	...	...	...	1	1	3	2	6	2	6	1	1	...	1	...	...	...	...	...	21	6	27	...	...	10	21	61
1	...	3	1	2	...	3	1	8	...	6	2	...	...	1	...	...	...	...	...	25	6	31	...	...	51	37	91
...	4	1	1	3	1	3	6	10	21	27	24	23	13	24	22	11	7	1	2	105	101	209	...	...	110	105	215
1	4	3	1	2	1	3	2	4	10	11	15	15	16	9	7	6	3	2	1	62	65	127	...	...	65	68	133
...	...	...	...	...	...	...	...	...	...	...	...	1	2	4	1	13	15	4	6	22	28	50	...	...	123	118	241
1	...	...	...	...	...	...	...	...	1	...	2	9	1	10	13	22	22	11	27	56	66	122	...	...	252	241	493
3	...	2	...	9	5	7	2	19	6	10	7	6	7	5	6	6	7	...	1	70	50	120	...	...	113	100	213
13	3	6	2	16	1	15	10	19	10	12	11	8	1	7	2	3	2	...	2	113	62	175	...	...	312	269	581
...	...	2	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	1	1	8
1	...	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	3	3	6	...	...	7	1	11
3	3	5	5	10	2	12	12	27	13	45	28	51	32	36	49	24	28	8	12	221	193	417	...	...	233	195	428
7	5	14	7	9	11	11	14	35	31	14	40	31	10	37	22	28	35	11	15	239	230	469	...	...	253	237	490
2	1	2	1	8	2	7	1	10	7	7	7	9	13	18	13	10	12	3	6	79	71	150	...	...	185	156	341
56	14	126	15	159	15	151	13	131	20	78	27	33	25	29	26	18	17	8	5	829	230	1059	...	...	1177	856	2333
1	1	3	9	5	5	8	3	6	5	3	10	1	9	6	5	3	8	...	...	47	61	108	...	...	235	216	451
2	2	8	6	9	5	10	6	6	1	9	1	6	4	3	2	3	3	2	...	62	49	111	...	...	500	468	968
...	1	1	2	...	1	1	...	10	1	5	4	7	3	13	5	1	2	...	...	39	19	58	...	...	42	21	63
2	2	3	...	3	...	2	3	...	1	7	...	2	3	1	1	3	2	1	...	25	12	37	...	...	34	19	53
...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	1	...	...	1	1	5	...	...	1	1	5
...	...	...	1	...	...	...	...	...	1	...	4	...	...	...	...	...	...	...	...	...	4	4	...	...	1	4	5
1	1	1	2	2	2	5	4	8	8	12	12	14	13	13	4	7	5	5	...	69	52	121	...	...	71	55	126
1	4	5	1	8	1	5	3	9	4	11	8	12	6	6	1	6	5	1	2	68	45	113	...	...	80	55	135
...	2	...	12	...	4	...	3	...	12	...	1	...	...	...	...	...	...	...	...	...	34	31	...	...	...	34	34
...	3	...	10	...	11	...	9	...	5	...	...	...	...	...	...	...	...	...	...	...	38	38	...	...	...	38	38
...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	3	1	4	...	...	3	1	1
...	...	2	...	...	...	1	...	1	...	1	1	...	...	...	1	...	...	...	1	10	4	14	...	...	10	5	15
...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	1	...	...	3	1	4	...	...	7	2	9
...	...	...	...	2	...	...	...	...	...	1	1	1	1	...	...	...	...	...	...	4	2	6	...	...	8	4	12
6	2	6	2	13	1	17	...	14	1	18	2	3	3	1	1	...	...	...	...	85	15	100	...	...	99	24	123
8	3	16	4	26	2	28	4	32	7	9	1	8	3	2	1	2	1	1	...	137	36	173	...	...	153	48	201
1	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	3	3	...	1	7	6	13	...	...	38	28	66
...	...	1	...	...	2	...	1	4	1	4	...	1	1	3	3	1	1	...	1	11	10	24	1	...	106	68	174

REPORT OF THE BACTERIOLOGICAL ASSISTANT (DR. G. W. ROBERTSON) ON THE WORK OF THE PUBLIC HEALTH LABORATORY FOR THE CALENDAR YEAR 1907.

The number of separate specimens received and examined in the Laboratory during 1907 amounted to 3,380, being an increase of 1,172 over those received during the previous year. The total fees received also show a considerable increase, amounting this year to £345 19s. 0d.

A detailed list of specimens, arranged as far as possible into groups, is attached:—

NUMBER OF SPECIMENS EXAMINED DURING THE YEAR 1907.

Rats from Cape Town Docks and Harbour		Blood from cases of suspected Malaria :	
Board area	1,396	Positive	6
Rats from Cape Municipalities	65	Negative	12
Rats from other sources (King William's Town) :		General Blood Counts	58
Plague infected	101	Goats' Milk for Malta Fever re-action	13
Free from Plague	127	Suspected Plague Material :	
Leprosy	140	Positive	9
Tissues, Tumours, &c.	352	Negative	17
Sputum for Tubercle Bacilli :		Medico Legal cases	10
Tubercle Bacilli present	80	Intestinal Parasites	4
Tubercle Bacilli not found	156	Sewage Samples and Effluents :	
Water Samples	104	Chemical	14
Urines	112	Bacteriological	14
Swabs or Membrane for Diphtheria :		Disinfectant Fluids	33
Positive	14	Disinfectant Powders	16
Negative	52	Stomach Contents	1
Blood from cases of suspected Typhoid :		Milk Samples	48
Positive	72	Feces	2
Negative	82	Tinned Food Stuffs	15
Doubtful	17	Cerebro-Spinal Fluids	13
Blood from cases of suspected Malta Fever :		Opsonic Index cases	4
Positive	35	Leprosy "Cures"	2
Negative	40	Various	34
		Rabbits inoculated for anti-rabic virus	72
		Post-mortems attended	153
		Specimens received for Museum	110

Examination of Rodents for Plague Infection.

Bacterioscopic examination of rats caught in Cape Town Docks and Harbour Board area, inaugurated during 1901, when the Peninsula was visited by an outbreak of plague, has been continued; during 1907 the number of rats examined and found free from plague infection amounted to the very satisfactory total of 1,396, this being more than three times the number examined last year. Special attention has been given to rat-infested ships arriving at Cape Town Docks from Plague-infected ports, but no rats suffering from Plague were found amongst those sent from this source to the Public Health Laboratory for examination.

The Municipal Authorities in the Cape Peninsula have shown rather a want of enthusiasm regarding the examination of rats, as only 65 were received from the various Sanitary Departments, and of these the majority were submitted from Claremont. King William's Town, the only centre where Plague was endemic during the year, sent 228 rats for examination; of these 101 were found to show symptoms of plague infection: the last plague-infected rat from King William's Town was received at the Laboratory on the 2nd December, 1907. In connection with the specimens of plague material received for examination from King William's Town, it is of interest to note that Dr. E. N. Thornton, Additional Medical Officer, who was in charge of the plague work there, submitted smears from a pet monkey, which showed distinct evidence of the presence of plague bacilli. The history of this monkey as given by Dr. Thornton is as follows:—"I first saw this monkey on 23.5.07. It was kept in a forage store in the Market Square, King William's Town. As the owner valued it, I advised him to remove it from the premises, which were situated close to where plague rodents had been found. He did not do so, but sent for me on 28.5.07, when I found the monkey sick with distinct Pneumonic symptoms. It died on 29.5.07, when the premises were examined and plague rodents found. The post-mortem appearances of the monkey were typical of plague; lungs showed pneumonia, there was a small right inguinal bubo, large petechiæ were found scattered over the peritoneum, there was a large hæmorrhagic clot in the abdominal wall close to the umbilicus, the suprarenals were enlarged and congested. On microscopic examination of smears, plague bacilli were found in the lungs, blood, spleen and bubo. Rabbits and guinea pigs inoculated with material from the monkey, died in 4 or 5 days with typical plague appearances."

The 26 specimens of suspected plague material mentioned in the above summary came from various districts, but all the 17 diagnosed as being from plague cases came from King William's Town or neighbourhood.

Malta Fever.

The notes in the Health Report for 1906 on the subject of Malta Fever appear to have drawn the attention of Medical Practitioners all over the Colony to the fact that this disease is in all probability more prevalent than was at one time suspected, and that to this cause no doubt are due the many puzzling cases of long-continued fevers with some joint pains, which are often diagnosed as atypical Typhoid, Chronic Rheumatism, Typho-Malaria Fever, etc. Since the last annual report was published 75 specimens of blood had been submitted from various districts of the Colony by Medical Practitioners with the request that the specimens be examined by Widal's Method for the presence of positive Malta Fever reaction; of these, 33 gave a positive reaction in various dilutions. In connection with this disease it is rather peculiar that a number of the medical men who sent bloods which gave a positive reaction stated that their patients had never to their knowledge drunk goat's milk, and in some cases the history of the spread of the disease seems to point to some other method of infection in addition to the accepted one, by drinking goat's milk. Dr. Heinrich, of Murraysburg, who has encountered a number of cases of Malta Fever in his practice, is strongly inclined to believe that parasites such as fleas or bugs may play some part in carrying the infection from one person to another, and he quotes definite instances where Malta Fever has gradually spread through rows of attached labourers' dwellings in his district.

The serum of 41 samples of goat's milk from the different districts in the Colony where Malta Fever is common have been tested for agglutination reaction of micrococcus militensis, but only three from Cape Colony gave a definite positive reaction; ten other milks giving a positive reaction were forwarded by Dr. Strachan, Phillippolis, Orange River Colony, from goats responsible for a large outbreak of Malta Fever in his district.

The following cases of Malta Fever which have come to my notice are worthy of note:—(1) A Medical Practitioner in Cape Town brought a patient to the Laboratory to have specimens of his blood examined. The patient, a European, was sent down from Northern Rhodesia, where he had been working as a Mining Engineer, and was supposed to be suffering from atypical malaria, or at least from a form of malaria which did not benefit by the administration of quinine. He complained of feeling very ill, but was not confined to his bed; the attack first started some 5 or 6 months before he arrived in Cape Town; there was a distinct history of pain in the hip joint, which came on after he had suffered from fever for about five weeks. The pain in the hip had recovered when I saw him, but he looked emaciated and anæmic. His temperature was as a rule high and erratic, rising in the evenings to 102° or 103°; while in Cape Town he had an attack of acute arthritis in the second and third metacarpal joints of the middle finger of his right hand. The joints were swollen and acutely painful. No malarial parasites were found in his blood, but when it was tested by Widal's method against a culture of Malta Fever it gave a definite positive reaction in a dilution of 1 in 1,000. Questioned as to his association with goats, he stated that he had frequently taken goat's milk as part of his diet; he and his companion on the mine in Rhodesia having purchased some goats from a Jew, who is stated to have brought them from the Cape Colony. The patient promised to try and trace from what district those goats came, but I have unfortunately lost sight of him and am unable to complete this history. The second case I did not see, but Dr. Garrow, of Steytlerville, sent a specimen of blood from a patient, along with a pipette of blood from a sick goat; the patient he suspected to be suffering from Malta Fever. The blood of the patient gave a definite positive reaction in a dilution of 1 in 250, and the blood from the goat also gave a positive reaction in a dilution of 1 in 60. Dr. Garrow sent the following interesting particulars regarding his patient: "The case whose blood you examined 'got the fever I think from inoculation. He is a well-known Angora goat breeder, 'and had two sick goats; one died, and he made a *post-mortem* on it, and it was 'shortly after this that he developed the disease. Goats' milk is never used in his 'household; the other of the two sick goats was the one whose blood you found to 'give a positive re-action."

Leprosy.

Material from 140 Lepers has been examined during the period in question.

Attempts have been made in the Laboratory to grow the causal organism of this disease on various kinds of artificial media, but so far without any successful results. Until this is accomplished I feel that little progress will be made in the treatment of this disease. It is much to be regretted that, owing to a ruling of the Law Adviser, *post-mortems* on Leper patients dying in an Asylum in this Colony are not permitted, except where the consent of their relatives has previously been ob-

tained. Needless to say this permission is often impossible to get in time for the section to be of any use for scientific purposes. Four Lepers, who have consented to submit themselves to experimental treatment, are at present in the Leper Pavilion at the Old Somerset Hospital, but the time during which they have been under observation is too short to as yet submit any opinion as to the probable results.

A reputed cure for this disease, in the form of an extract of Mangrove Bark, stated to have given excellent results in the hands of Dr. Duque of Havana, is being tried on Robben Island. Some of the patients in the Asylum, who are using this extract, say that they have derived benefit from the bark, but their hopes are not endorsed by the reports of the Medical Officer-in-charge of the cases.

Inspection of Meat and Food-stuffs.

A number of samples of various food-stuffs, tinned and fresh, have been examined in the Public Health Laboratory as to their fitness for human consumption, and in the great majority of cases we have been able to confirm the opinion of the Sanitary Authorities submitting the specimens. Four of the early samples were from tinned goods reported to be old Military stock; this variety of tinned goods now, fortunately, appears to be almost exhausted, as during the last ten months of the year no samples of this kind were received.

During the year the question of inspection of food-stuffs stored in the various Cold Storage premises in Cape Town was brought prominently before the Public Health Department.

It would appear to be a common belief that carcasses and other food-stuffs in Cold Storage are all perfectly fit for human food, and that inspection of the same is unnecessary. That this is far from being the case is evidenced by the following food-stuffs in Cold Storage which have been condemned by this Department as unfit for human food:—

- 70 Carcasses of Mutton, weighing 2,795 lbs.
- 20 Cases of Grouse.
- 93 Cases of Quail.
- 2,006 Sheep Plucks, weighing 4,012 lbs.
- 66 Buttocks of Beef, weighing 5,640 lbs.
- 38 Rumps of Beef, weighing 1,280 lbs.
- 6 Sirloins of Beef, weighing 200 lbs.
- 1,500 Ox Livers.
- 4,080 Sheep Kidneys.
- 7,380 lbs. of Pork.
- 71,680 lbs. Bone-tainted Beef.

The assistance of the Public Health Department was requisitioned by one of the large Cold Storage Companies of Cape Town to inspect a consignment of beef, which arrived here by the S.S. "Buteshire" from Brisbane on the 19th July, 1907, with a total cargo of 2,098 hind quarters of beef, weighing approximately 329,302 lbs. Before taking delivery of this cargo, the Chief Storekeeper of the Company, on making a careful inspection, discovered several of the quarters to be affected with "bone taint." The consignment was taken into the Cold Storage and every quarter examined, with the result that 71,680 lbs. were condemned as unfit for human food, because of "bone taint."

"Bone taint" appears to be well known to shippers of frozen meat, and the cause is ascribed to various reasons, such as killing the animals when they are excited and hot after a long journey, by others, to an imperfect cooling of the carcass before the final freezing, or to injury before death of the animal.

The bone-tainted quarters of the meat examined in the frozen state presented from the outside no evidence of this condition. To discover it portions of meat from the neighbourhood of the long-bone, such as the femur, hip-joint or vertebræ, must be extracted with an auger having a point shaped like a cheese-tester, which brings out a portion of the muscle from the affected region. The portion of meat brought out by the tester from the affected quarter has a most characteristic odour, which is impossible to describe, but when once smelt it is not easily forgotten, especially if the joint be a badly-infected one. Infected joints, when cut through with a saw in the frozen condition, often show a slight greenish brown discolouration of the fat and intra-muscular septa, and the odour of "bone taint" is easily distinguished. The commonest situation for "bone taint" appears to be in the region of the femur. On thawing portion of bone-tainted carcasses the odour pervades the whole quarter of meat. Many samples from these consignments were examined bacteriologically, but we were unable to obtain any growth on the various media experimented with. I am inclined to the view that the changes producing bone taint in meat occur during the cooling process, before the carcass is finally frozen, that is,

between the time the animal is killed and the complete freezing of the carcass, because the bone taint does not appear to increase nor spread through the carcass as long as it is in cold storage.

Vaccine Lymph.

In July, 1907, the new Vaccine Lymph Station, situated at Rosebank, was handed over to the Public Health Department by the Contractors, and since the 1st of August all Lymph issued from the Laboratory has been prepared there; previously to that time, and since the closure of the Bacteriological Institute at Grahamstown, the Transvaal Government had kindly supplied this Colony with Lymph at the nominal charge of 2d. per tube, but with larger demands for Lymph constantly being made from the Native Territories, even this small charge became ruinous, and our Vaccine Lymph bill grew to such an extent, that it was evident that a small station, where our own supply could be manufactured, would re-pay the initial cost in a short time.

The Vaccine Station has not been in existence quite a year yet, and calculating Lymph at 2d. a tube, we have already saved by the issue of Lymph more than the total cost of the building and equipment at Rosebank.

The Staff of the Laboratory have loyally supported me in this matter, which has added greatly to their work, as, with the exception of a lad to assist in filling and sealing the Vaccine tubes, no addition to the Staff was granted when this extra work was taken over.

When we first commenced Lymph manufacture, great difficulty was experienced in persuading owners of calves to let us have their animals on hire, but since dairy-men in the neighbourhood have seen that to vaccinate a calf does not in any way hurt or interfere with its well-being, we have had no difficulty in obtaining a good supply of suitable animals.

The amount of glycerinated Calf Lymph issued during the year ending the 31st December, 1907, was 129,868 tubes, each tube containing sufficient Lymph for at least two vaccinations; of this amount 69,827 tubes were purchased from the Transvaal and 60,041 supplied from Rosebank Station. The number of tubes does not in any way represent the total output of Lymph from the Station, as over 30,000 tubes were condemned at various times as too old to issue, and were destroyed.

The demands for Lymph are so irregular that no definite estimate of the possible requirements for any one month can be arrived at; as a consequence our supply is always kept well in advance of any possible demands.

The Lymph issued was prepared from 30 calves, all of which were kept in quarantine for six days and carefully examined for signs of Tuberculosis or other infectious disease before being used for vaccine purposes. It is not possible to give tabulated results of the potency of Vaccine Lymph issued during the year in question, as the majority of vaccinations are carried out on Natives who are not visited a second time.

Before the Lymph from any calf is sent out for general distribution, it is tested by Dr. Ross, the Vaccine Officer, Cape Town, and no Lymph not passed by him as giving "Typical successful vesicles" is ever issued from the Public Health Laboratory. Dr. Engelbach, Surgeon-in-charge of Cape Town Gaol, Dr. Stoney, District Surgeon, Kimberley, and Dr. Lester, at the Free Dispensary, Cape Town, have rendered great assistance in reporting upon the efficacy of various batches of Calf Lymph.

Adverse reports have been from time to time received from different centres, regarding the failure of Vaccine Lymph to "take." I admit that it must be most annoying for medical men to find that no results follow vaccination, but I would like to point out that the active "vaccine" agent present in Lymph is easily destroyed by exposure to a temperature of 37°C for a few hours; also that as the diluent added to the Lymph is prepared glycerine, great care must be taken so that too much blood or serum does not issue from the scratch and wash away the Lymph; another point is that Lymph will not retain its virulence indefinitely. One or two complaints have been received because no re-action followed the use of Lymph which had been issued for over four months, and one from a gentleman who could not understand why Lymph, issued six months previously and kept at ordinary room temperature, did not prove efficacious.

Mothers, I have noticed, have a tendency to hurry away from the surgery and often pull down the sleeve of the child's dress, and so wipe off all the Lymph which had been placed on the scratch. At the Vaccine Office, Cape Town, during a recent raid upon unvaccinated children, and whose parents were called upon to bring them up for vaccination, it was found necessary to have an attendant stationed in the waiting-room to watch and prevent those who brought up the children from

deliberately wiping the Lymph off; some mothers were even seen to apply their mouth to the scratch and suck the parts.

I do not mean to convey by these remarks that I think medical practitioners are careless in their methods of vaccinating, but rather would like to impress upon them the fact that every care is taken to issue only reliable Vaccine Lymph, and that they would greatly assist us in our work if they would report the result they obtain with Vaccine Lymph as soon as possible, and not, as at present, often four or five months afterwards, when it is impossible to verify results and all the Lymph from the calf in question has been issued.

The Lymph as sent out from the Public Health Laboratory is ready for immediate use, and should not be ordered before it is required. As a rule it will give successful Jennerian vesicles without much inflammatory areola if used in from six to eight weeks after it is issued, if it has been kept at a low temperature and **not** exposed to direct sunlight.

Milk.

A systematic examination of milk sold by various dairymen in Cape Town is at present been carried out in the Public Health Laboratory. During the past few weeks 25 samples submitted by the Medical Officer of Health, Cape Town, have been examined, and Tubercle Bacilli were demonstrated in three of these.

The particulars regarding the three samples in which Tubercle Bacilli were found are as follows:—

Sample No. 10 was purchased on 2.6.08 from a milk vendor, who stated he obtained his milk from Mr. Mellish, Buitenkant Street. No Tubercle nor acid fast organisms of any kind were found on microscopic examination of the centrifuged deposit from 25 c.c. of this milk. The centrifuged deposit from another 25 c.c. of the same sample was inoculated subcutaneously into a guinea pig on 2.6.08; the animal died on the 27th day after inoculation, and the *post-mortem* examination showed caseous glands in the left flank, with other enlarged glands lying on the outside of the caseous mass; the presternal glands were also enlarged. Microscopic examination of smears made from the glands showed numerous Tubercle Bacilli.

The chief point of interest about this sample is that the cows supplying this milk were recently subjected to the Tuberculin test, and a number gave a very definite positive re-action. The "re-actors" have since been slaughtered, and the Chief Veterinary Surgeon informs me that, although a careful search was made, no Tubercular lesions could be demonstrated at *post-mortem* in the udders of any of the cows, although Tubercular lesions were plentiful in other organs.

Sample No. 21, from a dairy at Rentzkies' Farm, and *No. 23*, from a dairy at Brooklyn, showed numerous Tubercle Bacilli in the centrifuged deposit obtained from 25 c.c. of the specimens. The number and character of the bacilli, together with the presence of much pus in the smears submitted to microscopic examination from both those samples, were so convincing of the presence of true Tubercle Bacilli, that, although guinea-pigs were inoculated from the sediment, it was not considered necessary to wait for their death from Tuberculosis before giving a definite opinion that the herds supplying these samples contained some animals suffering from Tuberculosis. The Chief Veterinary Surgeon was consequently asked to have the cows in those two dairies tested with "Tuberculin," and he reported that two cows in the Rentzkies' Farm and one in the Brooklyn dairy gave a positive re-action; these have since been slaughtered, and showed definite evidence of advanced Tuberculosis.

Disinfectants.

Samples of disinfectants submitted by Agents tendering for contracts to supply Government Departments, as well as samples from all consignments of unknown brands of disinfectants passing through the Customs, continue to be examined by the Rideal-Walker test in the Public Health Laboratory.

No table of the various co-efficients obtained during the year is attached to this report, as it was found that some firms were using the published results for purposes of advertisement.

The majority of the higher grade disinfectants have shown a marked rise in the Rideal-Walker coefficient, and from the samples received from the Controller of Customs it would appear that this Colony is no longer being made the dumping ground for worthless so-called disinfectants, whose only resemblance to germicides consisted in their possessing a strong smell of coal tar and being able to produce an opaque emulsion when added to water.

Rabies.

A supply of material for treatment of persons bitten by rabid dogs is kept up for use when required, as this disease is still prevalent in Rhodesia and some of the neighbouring colonies.

Water and Sewage Samples.

A large number of samples of water, crude sewage and sewage effluents have been examined, both chemically and bacteriologically, in connection with various water supplies and sewage disposal works, contemplated by different Municipalities throughout the Colony. Many of the water supplies showed evidence of dangerous contamination, and some of the sewage effluents were found to be little better than crude sewage, and quite unfit to be allowed to flow into any water-course.

Cape Town Morgue, Venken Lane.

One hundred and fifty-three *post-mortems* were held at the Cape Town Morgue during the year ending 31st December, 1907.

As in previous years, Tuberculosis was found to be the primary cause of death and accounted for slightly over 25 per cent. of the cases examined.

A large proportion of bodies brought to the Morgue are those of very young children; 59 of the examinations being carried out on children under 2 years of age, of these 18 were newly born or only a few days old. Excluding the 18 recently-born cases, the cause of death in 21 of the children under 2 years of age was found to be due to Tuberculosis; in addition to those there were 18 *post-mortems* which showed Tubercular lesions to be the primary cause of death. Specimens of the cerebral and spinal exudations from all cases showing symptoms of meningitis were subjected to a careful microscopic examination for the presence of intracellular diplococci, but no cases of Cerebro-spinal Meningitis nor of other Infectious Disease came under observation during the period in question.

I have again to express my thanks and appreciation for the loyal assistance rendered at all times by Mr. W. D. Severn, F.C.S., A.R.C.S., and for the excellent work he has ungrudgingly given me during the past year; without his cordial support and untiring energy it would be impossible to deal with the great increase in specimens of all kinds sent for examination to the Public Health Laboratory.
